

Revised: 04/2014

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016. —

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation		
742474	Iglesia Evangelica & Horeb"		
3. State of incorporation	Brief description of the character of business conducted in Rhode Island		
RI	Religion (NON) Profit Church.		
5. Principal office address		City / Sta	ate Zip
583 Horris AU	/,	Providence 1	7 1 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name		Vice-President Name	
Marlena Enriquez		Monuel Enriquec -	
Street Address		Street Address	
42 Lynch S	-	42 Lynch St.	
City	State Zip		ate Zip
	R-J. 07908	Providence, T	3.7 02908
Secretary Name FUGY de la CXCC.		Treasurer Name	
Street Address		Alcira Ortiz	
[]	an at.	Street Address	au.
133 A/6012		37 Armington	HU!
Providence	State Zip	Drovidence T	1-1-
	C AND ADDRESS OF DISCOS ISLAND		S-I 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name		Director Name	
Marilana Enriquez -		Manuel Enviouez	
		Street Address	
42 Lynch. 8) 	42 Lynche 8+	. •
	State Zip	City	te Zip
Providence	R. I 102009	Drovidence, T	ZI 02909
Director Name	7-7-	Director Name	
		Ever de la Couz	
		Street Address	
37 Armingto		133 Alberzon	5+.
Drowidence	State Zip 02908.	Providence F	te Zip 07909.
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver			
or Trustee			
		Under penalty of perjury, I declare an	d affirm that I have arounined
File Date	FILED	this report, including any accompany and that all statements contained her	ing schedules and statements,
Check No	1 2016 مال ال	11 01) — /-/
Ву:		Signature of Officer or Authorized Repre	uguez 1/6/16
,	RV 1/7 L 11 1 1	Signature of Officer or Authorized Repre	sentative Date
FOR SECRETARY OF STATE USE ONLY			
Form No. 631		Print or Type Name of Officer or Authoriz	zed Representative