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	**4. Brief description of the character of business conducted in Rhode Island**
RI	Religion (NON) Profit church.

5. Principal office address	City	State	Zip
583 Harris Av.	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	City	State	Zip
Marlena Enriquez. -			
Street Address			
42 Lynch St.	Providence.	R-I.	02908

Vice-President Name	City	State	Zip
Manuel Enriquez. -			
Street Address			
42 Lynch St.	Providence,	R.I.	02908

Secretary Name	City	State	Zip
Ever de la cruz			
Street Address			
133 Alberzon St.	Providence	R-I.	02909

Treasurer Name	City	State	Zip
Alcira Ortiz.			
Street Address			
37 Armington Av.	Providence.	R-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	City	State	Zip
Marlena Enriquez. -			
Street Address			
42 Lynch. St.	Providence	R.I	02909

Director Name	City	State	Zip
Manuel Enriquez.			
Street Address			
42 Lynch St.	Providence,	RI	02909

Director Name	City	State	Zip
Alcira Ortiz			
Street Address			
37 Armington Av.	Providence	R-I.	02908.

Director Name	City	State	Zip
Ever de la Cruz			
Street Address			
133 Alberzon St.	Providence	R-I.	02909.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 11 2016
BY VL 1177

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Marlena Enriquez 7/6/16
Signature of Officer or Authorized Representative — Date

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014