

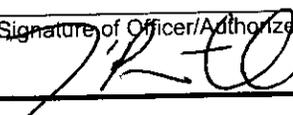


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2016 SEP 28 PM 2:28
 RECEIVED
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2015
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000438105		2. Exact name of the Corporation Comite Nuestra Sra. de la Altagracia			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To celebrate the advocacy of the Virgin Mary as of Virgin of High Grace on January			
5. Principal Office Address 100 Atwells Ave Ste. 402			City Providence	State RI	Zip 02903
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jaime Diaz			Vice-President Name Jose Pimentel		
Street Address 13 Metcalf Ave Apt 2			Street Address 100 Atwells Ave Ste. 402		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02903
Secretary Name Nancy Luna			Treasurer Name Berenice Taveras		
Street Address 28 Osborn St			Street Address 1165m Elmwood Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Esperanza Balbuena			Director Name Berenice Taveras		
Street Address 17 Wyatt St			Street Address 1165 Elmwood Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02907
Director Name Jose Pimentel			Director Name Jose Taveras		
Street Address 100 Atwells Ave Ste. 402			Street Address 1165 Elmwood Ave		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02907
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jose Pimentel				Date 09/27/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SEP 28 2016 *2128*
 By *284624*