State of Rhode Island a	nd Providence tate - Busii	Plantations	s Division	20	777	
Department of State - Business Services Division  Annual Report for the year: 2015  Non-Profit Corporation				R.I. DEFO		
→ 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			, m		
State of Incorporation     Rhode Island	Brief description of the character of business conducted in Rhode Island     To celebrate the advocation 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 <b>02903</b>	
Cl. Lill I have be indicate an ottophment						
6. List ALL officers (names and a President Name Jaime Diaz	addresses)	<u> </u>	Vice-President Name Jose Pimentel			
Street Address 13 Metcalf Ave Apt 2			Street Address 100 Atwells Ave Ste. 402			
City North Providence	State RI	<sup>Zip</sup> 02911	City Providence	State RI	<sup>Zip</sup> 02903	
Secretary Name Nancy Luna			Treasurer Name Berenice Taveras			
Street Address 28 Osborn St			Street Address 1165m Elmwood Ave			
<sup>City</sup> Providence	State RI	Zip 02908	City Providence	State RI	<sup>Zip</sup> <b>02907</b>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Esperanza Ball	buena		Director Name Berenice Taveras			
Street Address 17 Wyatt St			Street Address 1165 Elmwood Ave			
CityProvidence	State RI	<sup>Zip</sup> 02905	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative  Jose Pimentel				Date	Date 09/27/2016	
Signature of Officer/Authorized	Representative	s SiGN DC	OCUMENT HERE	<u>, l</u>		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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By 284624 F

FORM 631 - Revised: 05/2016