



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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Annual Report for the year: 2017
 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 1335370		2. Exact name of the Corporation Elim Rhode Island	
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island church	
5. Principal Office Address 15 Hayes st		City Providence	State RI
		Zip 02908	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edmondo Hernandez		Vice-President Name Eugenio Ramos Maturana	
Street Address 18 wasp rd		Street Address 139 Prospect st	
City North Kingstown	State RI	City Pawtucket	State RI
Zip 02882		Zip 02860	
Secretary Name Katherine Hernandez		Treasurer Name Linian Lopez	
Street Address 18 wasp rd		Street Address 89 Wisdom Av	
City North Kingstown	State RI	City Providence	State RI
Zip 02882		Zip 02909	
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 Edmondo Hernandez		Director Name Carlos H Lopez	
Street Address 18 wasp rd		Street Address 87 Wisdom Av	
City North Kingstown	State RI	City Providence	State RI
Zip 02882		Zip 02909	
Director Name Eugenio Ramos Maturana		Director Name	
Street Address 139 Prospect St		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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 Edmondo Hernandez			Date 3-27-17
Signature of Officer/Authorized Representative 			FILED

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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 FORM 631 - Revised: 02/2017