



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

Annual Report for the year:

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.

2017 MAR 27 PM

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 891174		2. Exact name of the Corporation Alianza DE Transformacion Social / National Hispanic Christian Leadership Conference	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Empower pastors and Leaders to serve the community.	
5. Principal Office Address 2121 Smith St		City North Prov.	State RI
		Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Silvia J. Orellana		Vice-President Name Rev. Dr. Santos Escobar	
Street Address 141 Oriole Ave		Street Address 685 Cranston St	
City Pawt.	State RI	City Prov.	State RI
Zip 02860		Zip 02909	
Secretary Name Rev. Luis Suarez		Treasurer Name Rev. Olinda Urizar	
Street Address 2121 Smith St		Street Address 10 Byrd St	
City N. Prov.	State RI	City Johnston	State RI
Zip 02904		Zip 02919	
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 Rev. Silvia Joanna Orellana		Director Name Rev. Dr. Santos Escobar	
Street Address 141 Oriole Ave.		Street Address 685 Cranston St	
City Pawt.	State RI	City Providence	State RI
Zip 02860		Zip 02909	
Director Name Rev Luis Suarez		Director Name Rev. Olinda Urizar	
Street Address 2121 Smith St		Street Address 10 Byrd St	
City N. Prov.	State RI	City Johnston	State RI
Zip 02904		Zip 02919	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Rev. Silvia Joanna Orellana			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

MAR 27 2017

By **299350**

FORM 631 - Revised: 02/2017