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.

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DCT -	US SUPPLIES

> Femalty Additional \$25 00 fee if	ionin is not med by	July 30.			STO		
1. Entity ID Number	2 Exact name o	f the Corporation			C24.5		
1338963	The	Visio	n Continue: La	Vision	Continua		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	to Preach and Feacher the good news of the Rospel of Jesuchrist, to assist and help develop to assure the willing's of the community thru positive message of						
4. NAICS Code	scode Jesuchrist, to assist and help develop to assurce the						
813110.	willing's	of the co		tive mesi	sage of		
6. Principal Office Address	0	0.5	City	State	Zip		
249 Sayles	St /ra	1 RI	Provi dence	KI	02905		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Pascuala Rivera			Vice-President Name Amado Riveya				
Street Address St Street Address St			Street Address Sayles St				
civ Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905		
Secretary Name	Treasurer Name						
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Procural a	Rivera		Director Name Amado	Rivera	;		
Street Address J.49 Saules St			Street Address 249 Sayles 5+				
City Providence	State RI	Zip 0 32 105	City Providence	State R	02905		
Director Name Hander &	Colon		Director Name		•		
Street Address Suy le	5		Street Address				
CIN Providence	State RT	Zip 4905	City	State	Zıp		
9. 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			Date				
Tapavala Ruiera 18/4/2017							
Signature of Officer/Authorized Representative FILED							
tascuala Kivera							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 631 - Revised: 08/2017