



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

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 R.I. DEPT. OF STATE
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 2017 NOV 20 PM 3:04

Annual Report for the year: 2016
 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 684473 | | 2. Exact name of the Corporation El Taller Del Maestro | |
| 3. State of Incorporation R.I. | | 5. Brief description of the character of business conducted in Rhode Island Doctrinate people in Jesus Christ | |
| 4. NAICS Code 813110 | | and Bible studies | |
| 6. Principal Office Address 1000 Mendon Rd. | | City Cumberland | State R.I. |
| | | Zip 02863 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Luz E. Colon | | Vice-President Name Enrique Colon | |
| Street Address 10 Golf Ave. | | Street Address 10 Golf Av | |
| City Pawtucket | State R.I. | City Pawtucket | State R.I. |
| Zip 02860 | | Zip 02860 | |
| Secretary Name Mallace Esquivel | | Treasurer Name Jeffrey Veras | |
| Street Address 7 Pine St #2 | | Street Address 29 Corinth | |
| City Woonsocket | State R.I. | City Providence | State R.I. |
| Zip 02895 | | Zip 02907 | |
| 8. 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 Luz E Colon | | Director Name Nadia Veras | |
| Street Address 10 Golf ave #2 L | | Street Address 25 Chatham st | |
| City Pawtucket | State R.I. | City Providence | State R.I. |
| Zip 02860 | | Zip 02907 | |
| Director Name Enrique Colon | | Director Name Jeffrey Veras | |
| Street Address 10 Golf ave 2 L | | Street Address 29 Corinth st | |
| City Pawtucket | State R.I. | City Providence | State R.I. |
| Zip 02860 | | Zip 02860 | |
| 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. | | | |
| <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 Luz E. Colon | | Date 3:06 pm | Date 11/20/2017 |
| 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: 06/20