



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

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 BUS SVCS DIV
 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		Time 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