



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 MAR - 1 PM 2:00

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 <b>001654233</b>		2. Exact name of the Corporation <b>Casa Revelacion Oasis</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious Guidance, Education &amp; info</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>99 Tell St</b>		City <b>Providence</b>	State <b>R.I.</b>
		Zip <b>02909</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Alexis Rodriguez</b>		Vice-President Name <b>Carla Ruiz</b>	
Street Address <b>99 Tell St</b>		Street Address <b>99 Tell St</b>	
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02909</b>	
Secretary Name <b>Dominga Leyba</b>		Treasurer Name <b>Jeanette Corcuera</b>	
Street Address <b>100 Broad St</b>		Street Address <b>464 Silver Spring St</b>	
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02903</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Amparo Touar</b>		Director Name <b>Carla Ruiz</b>	
Street Address <b>196 Beaufort St</b>		Street Address <b>99 Tell St</b>	
City <b>Prov.</b>	State <b>R.I.</b>	Zip <b>02910</b>	
Director Name <b>Alexis Rodriguez</b>		Director Name	
Street Address <b>99 Tell St</b>		Street Address	
City <b>Prov.</b>	State <b>R.I.</b>	Zip <b>02909</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Alexis Rodriguez</b>		<b>FILED</b>	Date <b>3/1/18</b>
Signature of Officer/Authorized Representative 		SIGN. DATE: <b>MAR 01 2018</b>	

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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