



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

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

Annual Report for the year:
 Non-Profit Corporation

2017

- 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 001654233		2. Exact name of the Corporation Casa Revelacion Oasis	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Guidance, Education & info	
4. NAICS Code 813110			
6. Principal Office Address 99 Tell St		City Providence	State R.I.
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Alexis Rodriguez		Vice-President Name Carla Ruiz	
Street Address 99 Tell St		Street Address 99 Tell St	
City Providence	State R.I.	Zip 02909	City Providence
			State R.I.
			Zip 02909
Secretary Name Dominga Leyba		Treasurer Name Jeanette Corcuera	
Street Address 100 Broad St		Street Address 464 Silver Spring St	
City Providence	State R.I.	Zip 02903	City Prov.
			State R.I.
			Zip 02909
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 Amparo Touar		Director Name Carla Ruiz	
Street Address 196 Beaufort St		Street Address 99 Tell St	
City Prov.	State R.I.	Zip 02910	City Providence
			State R.I.
			Zip 02909
Director Name Alexis Rodriguez		Director Name	
Street Address 99 Tell St		Street Address	
City Prov.	State R.I.	Zip 02909	City
			State
			Zip
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 Alexis Rodriguez		FILED	Date 3/1/18
Signature of Officer/Authorized Representative 		SIGN. DATE: MAR 01 2018	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

VLC 22960966
201