



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130007		2. Name of Corporation SEVENTH DAY ADVENTIST REFORM MOVEMENT, EASTERN U.S. FIELD			
3. State of Incorporation NEW JERSEY		4. Corporate address in Rhode Island - Street Address 81 Colfax St. Providence RI, 02905		City Providence	Zip 02905
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROCLAIM THE GOSPEL OF OUR LORD JESUS CHRIST					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Enrique Nataren			Vice President Name		
Street Address 53 Seneca St.			Street Address		
City Springfield	State MA	Zip 01151	City	State	Zip
Secretary Name Olga Espinal			Treasurer Name Vinicio Nina		
Street Address 2665 Grand Concourse Apt. 5I			Street Address 152 S. Union St.		
City Bronx	State New York	Zip 10468	City Lawrence	State MA	Zip 01843
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Rosa Bonilla			Director Name Mirta Pola		
Street Address 81 st. Colfax St.			Street Address 95 Hutson bsmt.		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02909
Director Name Frances Ovalles			Director Name		
Street Address 50 Chavaca St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			Agent Name ENRIQUE NATAREN		
Address 108 ALTHEA STREET, 2ND FLOOR			Address X		
City PROVIDENCE			Zip 02907		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



130007

File Date	FILED
Check No.	JUL 25 2005
By:	By M-26648
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

Form 631 Rev. 04/04



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6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROCLAIM THE GOSPEL OF OUR LORD JESUS CHRIST					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Enrique Natarén G.			Vice President Name — o —		
Street Address 108 Althea St			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name Vinicio Nina			Treasurer Name Ruffo Lopez		
Street Address 152 South Union St			Street Address 50-14 39TH AVE		
City LAWRENCE	State MA	Zip 01843	City WOODSIDE	State NY	Zip 11377
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Ionel Dodos.			Director Name Homero Paredes.		
Street Address 10 Hemingway Ave			Street Address 589 TYLER AVE		
City New Rochelle	State NY	Zip 10801	City Deltona	State FL	Zip 32725
Director Name Olga Espinal			Director Name		
Street Address 26-65 Grand Concord Apt 5E			Street Address		
City BRONX	State NY	Zip 10468	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-83 / 7-6-78					
Agent Name LUIZ ALMEIDA ARAUJO			Address		
Address 108 ALTHEA STREET, 2ND FLOOR			City PROVIDENCE	Zip 02907	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date AUG 10 2004
Check No. By M40888
By: GDD
FOR SECRETARY OF STATE USE ONLY

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.

Enrique Natarén 7-29-2004
Signature of Officer Date
Print or Type Name of Officer
PASTOR (President of the Field)
Title of Officer