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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
742474	IGLESIA EVANGELICA 'HOREB'
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: RELIGION (NON PROFIT) CHURCH
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
583 HARRIS AVE	PROVIDENCE	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARILENA ENRIQUEZ			Vice-President Name: MANUEL ENRIQUEZ		
Street Address: 42 LYNCH ST			Street Address: 42 LYNCH ST		
City: PROVIDENCE,	State: RI	Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908
Secretary Name: EVER DE LA CRUZ			Treasurer Name: ALCIRA ORTIZ		
Street Address: 133 ALBERZON ST			Street Address: 37 ARMINGTON AVE		
City: PROVIDENCE	State: RI	Zip: 02909	City: PROVIDENCE	State: RI	Zip: 02908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: MARILENA ENRIQUEZ			Director Name: MANUEL ENRIQUEZ		
Street Address: 42 LYNCH ST			Street Address: 42 LYNCH ST		
City: PROVIDENCE,	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name: ALCIRA ORTIZ			Director Name: EVER DE LA CRUZ		
Street Address: 37 ARMINGTON AVE			Street Address: 133 ALVERZON ST		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02909

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative		Date
MARILENA ENRIQUEZ	FILED	6/22/2018
Signature of Officer/Authorized Representative: Marilena Enriquez	JUL 11 2018	

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

FORM 631 - Revised: 11/2017