



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 11 AM 10:35

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 088105		2. Exact name of the Corporation House of Praise and Worship	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To hold religious services, Bible studies, hospital visitation. And Hold Sunday morning worship services.	
4. NAICS Code 813110			
6. Principal Office Address 20 Cold Spring Place		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Jose A. Torres		Vice-President Name Eliza Torres	
Street Address 20 Cold Spring Place		Street Address 20 Cold Spring Place	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name Angie J. Moore		Treasurer Name Emily A. Resto	
Street Address 870 Warren Ave Apt. 105		Street Address 24 Water St. Apt #1	
City E. Providence	State RI	City Milford	State MA
Zip 02914		Zip 01757	
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 Eliza Torres		Director Name Angie J. Moore	
Street Address 20 Cold Spring Place		Street Address 870 Warren Ave Apt. 105	
City Woonsocket	State RI	City E. Providence	State RI
Zip 02895		Zip 02914	
Director Name Emily A. Resto		Director Name Jessica Navedo	
Street Address 24 Water St. Apt. #1		Street Address 39 Kindergarten St. Apt 3	
City Milford	State MA	City Woonsocket	State RI
Zip 01757		Zip 02895	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 541.			
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 Rev. Jose A. Torres			Date 9/11/2018
Signature of Officer/Authorized Representative 			FILED

MAIL TO:
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