



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

Annual Report for the year:

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.

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

1. Entity ID Number <b>088105</b>		2. Exact name of the Corporation <b>House of Praise and Worship</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To hold religious services, Bible studies, hospital visitation. And hold Sunday morning worship services.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>20 Cold Spring Place</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</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>Rev. Jose A. Torres</b>		Vice-President Name <b>Eliza Torres</b>	
Street Address <b>20 Cold Spring Place</b>		Street Address <b>20 Cold Spring Place</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Angie J. Moore</b>		Treasurer Name <b>Emily A. Resto</b>	
Street Address <b>870 Warren Ave Apt. 105</b>		Street Address <b>24 Water St. Apt #1</b>	
City <b>E. Providence</b>	State <b>RI</b>	City <b>Milford</b>	State <b>MA</b>
Zip <b>02914</b>		Zip <b>01757</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Eliza Torres</b>		Director Name <b>Angie J. Moore</b>	
Street Address <b>20 Cold Spring Place</b>		Street Address <b>870 Warren Ave. Apt. 105</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>E. Providence</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02914</b>	
Director Name <b>Emily A. Resto</b>		Director Name <b>Jessica Navedo</b>	
Street Address <b>24 Water St. Apt. #1</b>		Street Address <b>39 Kindergarten St. Apt 3</b>	
City <b>Milford</b>	State <b>MA</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>01757</b>		Zip <b>02895</b>	
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 <b>Rev. Jose A. Torres</b>			Date <b>9/11/2018</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			<b>FILED</b>