



State of Rhode Island

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.

2020

NAME

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 8 AM 22

1. Entity ID Number 000540856	2. Exact name of the Corporation Hombres y Mujeres de Valor (Men and Women of Courage)			
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island TO RE-ESTABLISH FAMILIES MOTIVATING YOUTH SPIRITUAL ORIENTATION.			
4. NAICS Code 813110				
6. Principal Office Address 100 Hartford Ave. P.O. Box 3262	City Providence	State R.I.	Zip 02909	
7. List ALL officers (names and addresses) President Name Liliana Orellana Street Address 11 Cleveland St. City West Warwick State R.I. Zip 02893 Secretary Name Nolvia Vargas Street Address 34 Bergen St. City Providence State R.I. Zip 02908				Vice-President Name Argentina Morales Street Address 13 Whitehall St. City Providence State R.I. Zip 02908 Treasurer Name Street Address City State Zip
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 Nolvia Vargas Street Address 34 Bergen St. City Providence State R.I. Zip 02908			Director Name Liliana Orellana Street Address 11 Cleveland St. City West Warwick State R.I. Zip 02908	
Director Name Street Address City State Zip			Director Name Argentina Morales Street Address 13 Whitehall St. City Providence State R.I. Zip 02908	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Liliana Orellana				Date 07/08/2021
Signature of Officer/Authorized Representative Liliana Orellana				

FILED

JUL 08 2021

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