



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

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R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

2021 III - 8 A II: 22

- 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 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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Liliana Orellana			Vice-President Name Argentina Morales		
Street Address 11 Cleveland St.			Street Address 13 Whitehall St.		
City West Warwick	State R.I.	Zip 02893	City Providence	State R.I.	Zip 02908
Secretary Name Novia Vargas			Treasurer Name		
Street Address 34 Bergen St.			Street Address		
City Providence	State R.I.	Zip 02908	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 Novia Vargas			Director Name Liliana Orellana		
Street Address 34 Bergen St			Street Address 11 Cleveland St.		
City Providence	State R.I.	Zip 02908	City West Warwick	State R.I.	Zip 02908
Director Name			Director Name Argentina Morales		
Street Address			Street Address 13 Whitehall St.		
City	State	Zip	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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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov