



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2020**

**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.

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

1. Entity ID Number <b>891174</b>	2. Exact name of the Corporation <b>Alianza De Transformacion Social (National Hispanic Christian Leadership Conference)</b>		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To work in alliance with all pastors and leaders of the nation to empower them in their civil roll		
4. NAICS Code 813110 - Religious Organizati			
6. Principal Office Address 2121 SMITH STREET		City NORTH PROVIDENCE	State RI
		Zip 02904	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name REV LUIS E. SUAREZ		Vice-President Name	
Street Address 2121 SMITH STREET		Street Address	
City NORTH PROVIDENCE	State RI	Zip 02904	
Secretary Name REV SANTOS ESCOBAR		Treasurer Name REV. SILVIA JOANNA ORELLANA	
Street Address 689 CRANSTON STREET		Street Address 141 ORIOLE AVE	
City PROVIDENCE	State RI	Zip 02907	City PAWTUCKET
			State RI
			Zip 02860
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name REV LUIS E. SUAREZ		Director Name REV. SILVIA JOANNA ORELLANA	
Street Address 2121 SMITH STREET		Street Address 141 ORIOLE AVE	
City NORTH PROVIDENCE	State RI	Zip 02904	City PAWTUCKET
			State RI
			Zip 02860
Director Name REV. SANTOS ESCOBAR		Director Name	
Street Address 689 CRANSTON ST		Street Address	
City PROVIDENCE	State RI	Zip 02907	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 SILVIA JOANNA ORELLANA			Date
Signature of Officer/Authorized Representative 			

**FILED**

AUG 27 2021

BY 47246  
8:45