



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2022 DEC -5 P 1:14

1. Entity ID Number <b>000540856</b>		2. Exact name of the Corporation <b>Hombres y Mujeres de Valor (Men and Woman of Courage)</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO RE-ESTABLISH FAMILIES MOTIVATING YOUTH SPIRITUAL ORIENTATION.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address			
<b>11 Cleveland St. West Warwick R.I. 02893</b>		City <b>West Warwick</b>	State <b>R.I.</b> Zip <b>02893</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>Liliana Orellana</b>		Vice-President Name <b>Argentina Morales</b>	
Street Address <b>11 Cleveland St.</b>		Street Address <b>13 Whitehall St.</b>	
City <b>West Warwick</b>	State <b>R.I.</b>	City <b>Providence</b>	State <b>R.I.</b> Zip <b>02908</b>
Secretary Name <b>Nolvia Vargas</b>		Treasurer Name	
Street Address <b>34 Bergen St</b>		Street Address	
City <b>Providence</b>	State <b>R.I.</b>	City	State <b>R.I.</b> Zip <b>02908</b>
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 <b>Nolvia Vargas</b>		Director Name <b>Liliana Orellana</b>	
Street Address <b>34 Bergen St.</b>		Street Address <b>11 Cleveland St.</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>West Warwick</b>	State <b>R.I.</b> Zip <b>02893</b>
Director Name		Director Name <b>Argentina Morales</b>	
Street Address		Street Address <b>13 Whitehall St.</b>	
City	State	City <b>Providence</b>	State <b>R.I.</b> Zip <b>02908</b>
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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Liliana Orellana</b>		Date	
Signature of Officer/Authorized Representative <b>Liliana Orellana</b>		FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

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BY **[Signature]**  
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