



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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 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 11 Cleveland St. West Warwick R.I. 02893		City West Warwick		State R.I.	Zip 02893
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 White Hall St.		
City West Warwick	State R.I.	Zip 02893	City Providence	State R.I.	Zip 02908
Secretary Name Nolvia 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 Nolvia 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 02893
Director Name			Director Name Argentina Morales		
Street Address			Street Address 13 White Hall 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	
Signature of Officer/Authorized Representative Liliana Orellana					

FILED

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

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FORM 631 - Revised: 11/2021