RI SOS Filing Number: 202329698360 Date: 2/28/2023 4:00:00 PM

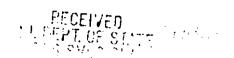
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00



2023 FEB 28 ₱ 4: 211

→ Penalty: Additional \$25.00 fee i	f form is not filed by May 31.		ro 1. 4 . 54		
1. Entity ID Number	2. Exact name of the Corporation	· De Hambres	 		
001705238	2. Exact name of the Comporation De Hornbres NIMISTERIO VESCACRES DE HORNORES "RESCOLLANDO LAS ALMOS Para (nisto"				
3. State of Incorporation	S. Brief description of the character of business conducted in Rhode Island				
RT_					
4. NAICS Code	Treach the	word of God	1		
813110.			•		
6. Principal Office Address		Gity	State	Zip	
53 Soumon St	HPH 303	trovidence	LHI	02909	
7. List ALL officers (names and ac	idresses)		heck the box to indica	te an attachment	
Karinel Perez		Vice-President Name (ucesita Perez			
Street Address 53 SOUMON 54	Apl 303	Street Address	ing St.		
cir Providence	State RT Zip 02909	City	State 27	^{Zip} 02860	
Secretary Name Newson Perce		Treasurer Name	Perez Vega	7 <u>0 0000</u>	
Street Address (a George St.		Street Address (Cental St			
City Paintuckat	State P.T. Zip 02860	City Pourticket	State 0-1	Zip Mar	
8. List ALL directors (names and a	addresses). RI Corporations MUST lis	st at least THREE directors.		02860	
Check the box to indicate an attachment C					
Caridad bonzalez		Oristian Empruel Hernandes			
Street Address Prospect	S6 Apt 47	Street Address 53 591mon 50	Apt 303		
City Pawtucket	State RZ Zip 02860	City Providence	State ZZ	^{2ip} 02909	
Director Name Lucesita	Pérez	Director Name Christian X	eimodez-	V	
Street Address /46 NOC	dbine St	Street Address Salmon	F. Ant 3	23	
city Pawtucket	State PI Zip 02869	City Providence	State P7	Zip 02909	
	ion of record with the RI Department		uire filing Form 641	104.707	
Under penalty of perjury, I deci	are and affirm that I have examined ents contained herein are true and	this report, including any acce	ompanying schedu	les and	
This report must be signed by either the Pr	esident, Vice-President, Secretary, Assistant Se		entative, Receiver or Trus	fee.	
Name of Officer/Authorized Repri	esentative	FILED	Date 28/1.4	/2013	
Signature of Officer/Authorized Re	epresentative		1 ~ 0/5e/C	1/2000	
Karine Rever	<i>g</i>	FB 2.8 2023	, ,	-	
MAIL TO:	ysv_ /	1 EFYFO	· · · ·	· · · · · · · · · · · · · · · · · · ·	
Division of Business Services 148 W. River Street, Providence, Rhod	le Island 02904-2615				

Phone: (401) 222-3040 Websita: www.sns.ni.nov