RI SOS Filing Number: 202336590240 Date: 6/5/2023 4:00:00 PM

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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

→ Penalty: Additional \$25.00 fee if for	om is not tiled by t	2023 JUN -5 A II: 30				
1. Entity ID Number 2 Exact name of the Corporation						
1. Entity 10 Number 2 Exact name of the Corporation 2 Cora Zones Cora Zones						
5. Brief description of the character of business conducted in Rhode Island This is a Non-Profit Church, we teach the Gospel 4. NAICS Code Religious to the Comunity, about Faith and Belive in Jesus Christ.						
813/10 organizative help with room and clothes retire peoples						
6. Principal Office Address			City	State	Zip	
97 Larch St Apt 4			East Providence	I K I	02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Hildu I Toyenst			Vice-President Name Ramirez			
Street Address 97 Larch St #4			Street Address Byrnside 5+ #2			
Fast Providence	State RI	Zip 2914	city Providence	State	Zip 02905	
Segretary Name LoLa Paulino Treasurer Name LoLa Paulino						
Street Address 47 Larch S+#	2	-	Street Address Broad S	7 #2		
city East Providence	State RIT	2ip 02914	civ Providence	State T	Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment						
Director Name Hila I Toyenst			Director Name Nancy Ramirez			
Street Address Larch St # 4			Street Address 196 Burnside St 2			
Street Address Larch S	+ 47		Street Address 196 Burn		2	
Street Address Larch Street East Providence	State RI	zip 02914	Street Address 196 Burn City Phoui dence	side St State RI	Z 02905	
City - Dil	9	`	196 134m		21p 02905	
ciny East Providence	State RI aulint	`	ciry Providence		2 02905	
City East Providence Director Name Lo La +	State RI aulint	`	City Phoui dence Director Name		Zip 02905 Zip	
City East Providence Director Name Lo La + Street Address 395 Broc City Providence 9. The Registered Agent information	State RI aulince ad St 2 State RI n of record with the	Zip 02-905 e RI Department o	City Providency Director Name Street Address City f State is accurate. Changes require	State State State e filing Form 641.	02905 Zip	
City East Providence Director Name Lo La + Street Address 395 Broc City Providence 9. The Registered Agent information Under penalty of perjury, I declare statements, and that all statements	State RI auling ad St 2 State RI n of record with the e and affirm that this contained her	Zip 405 RI Department of I have examined ein are true and e	City Providence Director Name Street Address City If State is accurate. Changes require this report, including any accomposite to the correct.	State State State filing Form 641. panying schedule	Zip	
City East Providence Director Name Lo La + Street Address 395 Broc City Providence 9. The Registered Agent information Under penalty of perjury, I declared	State RI auling ad St 2 State RI n of record with the e and affirm that this contained her	Zip 405 RI Department of I have examined ein are true and e	City Providence Director Name Street Address City If State is accurate. Changes require this report, including any accomposite to the correct.	State State State filing Form 641. panying schedule tive. Receiver or Trustee	Zip	
City East Providence Director Name Lo La + Street Address 395 Broc City Providence 9. The Registered Agent information Under penalty of perjury, I declare statements, and that all statement This report must be signed by either the Presi Name of Officer/Authorized Represe	State RI aulinc ad St 2 State RI n of record with the e and affirm that the contained her dent, vice-President, S	Zip 405 RI Department of I have examined ein are true and e	City Providence Director Name Street Address City If State is accurate. Changes require this report, including any accomposite to the correct.	State State State filing Form 641. panying schedule	Zip	
City East Providence Director Name Lo La + Street Address 395 Brock City Providence 9. The Registered Agent information Under penalty of perjury, I declare statements, and that all statement This report must be signed by either the Press Name of Officer/Authorized Repress Signature of Officer/Authorized Repress Si	State RI aulinc ad St 2 State RI n of record with the e and affirm that the contained her dent. Vice-President, Sentative HENST	Zip 405 RI Department of I have examined ein are true and e	City Providence Director Name Street Address City If State is accurate. Changes require this report, including any accomposite to the correct.	State State State Filing Form 641. State From 641. State Trusted Trusted Date	Zip	
City East Providence Director Name Lo La + Street Address 395 Broc City Providence 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Presi Name of Officer/Authorized Represe Hi da I To	State RI aulinc ad St 2 State RI n of record with the e and affirm that the contained her dent. Vice-President, Sentative HENST	Zip 405 RI Department of I have examined ein are true and e	City Providency Director Name Street Address City of State is accurate. Changes require this report, including any accompostrect. Cretary, Treasurer, duly Authorized Representations.	State State State Filing Form 641. State From 641. State Trusted Trusted Date	Zip	

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Phone: (401) 222-3040 Website: www.sos.ri.gov

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