RI SOS Filing Number: 202342650440 Date: 11/8/2023 2:19:00 PM

State of Rhode Island Department of St		s Services D	ivision			,	
Annual Report for the year		פרבווובה	,				
Non-Profit Corporation				RECEIVED R.I. DEPT. OF STATE			
Filing period: February 1 - May 1				BUS SVCS DIV			
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				2022 NOV. O. T. O. LO.			
Entity ID Number 2. Exact name of the Corporation				7073 MOV -8 D 2: 18			
174 855 3	Embalada De Gloria						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Church						
4. NAICS Code	1 ~ ~ ~	•					
813110							
6. Principal Office Address	368	Howkinsst	City	Providence	State	Zip 02404	
	<i>50</i> t	110		,	RI		
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Kenny Fuchu				Vice-President Name			
Street Address 368 Hawkins st			Street Address				
CITY Providence	State RI	2ip 02 904	City		State	Zip	
Secretary Name Monica	Gomez		Treasure	r Name			
Street Address 237 Woodhaven RD			Street Address				
City Pawtycket	State RI	Zip 62863	City		State	Zip	
8. List ALL directors (names and a	iddresses). RI Cor	porations MUST lis	t at least	THREE directors. Check	the box to indicate	an attachment	
Director Name Monica Gomez				Director Name Edwin Hernandez			
Street Address 237 Woodhaven BD			Street Address 375 benefit St				
City Priliiturket	State BI	Zip 02863	City Pa	w fuc k et	State RT	02866	
Director Name Kenny fully				Director Name			
Street Address 368 Hawkins St			Street Address				
City Providence	State PoI	zip 02404	City		State	Zip	
9. The Registered Agent information			f State is	accurate. Changes requi	ire filing Form 64	1,	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm that ints contained he	t I have examined rein are true and	this repo	ort, including any accor	npanying sched	fules and	
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Sec	retary, Trea	surer, duly Authorized Represen	talive, Receiver or Tri	ustee.	
Name of Officer/Authorized Representative					Date 11-08-2023		
MENNY TOCK							
Signature of Officer/Authorized Rep	presentative						
Penny Fuchy FILED							
MAIL TO: Division of Business Services							

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

NOV 0 8 2023 BY FORM 631- Revised 04/2023