



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JAN 29 PM 4:01:25

Annual Report for the year: 2024.-  
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.

1. Entity ID Number <b>000742474.</b>		2. Exact name of the Corporation <b>Iglesia Evangelica Horab.</b>	
3. State of Incorporation <b>R-I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>diffusion &amp; proclamation of Christian evangelism</b>	
4. NAICS Code <b>813110-Religious Organization.</b>			
6. Principal Office Address <b>201 Pocasset Av.</b>		City <b>Providence,</b>	State <b>R-I.</b>
		Zip <b>02909.</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>Marilena Enriquez.</b>		Vice-President Name <b>Manuel Enriquez.-</b>	
Street Address <b>42 Lynch St.</b>		Street Address <b>42 Lynch St.</b>	
City <b>Providence.</b>	State <b>R-I</b>	City <b>Providence.</b>	State <b>R-I</b>
Zip <b>02908</b>		Zip <b>02908.</b>	
Secretary Name <b>Ulma Blanco Sanchez.</b>		Treasurer Name <b>Alcira Ortiz.-</b>	
Street Address <b>67 Canton St.</b>		Street Address <b>201 Unit St.</b>	
City <b>Providence.</b>	State <b>R-I.</b>	City <b>Providence.</b>	State <b>R-I.</b>
Zip <b>02908</b>		Zip <b>02909.</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Marilena Enriquez. -</b>		Director Name <b>Manuel Enriquez. -</b>	
Street Address <b>42 Lynch St.</b>		Street Address <b>42 Lynch St.</b>	
City <b>Providence.</b>	State <b>R-I.</b>	City <b>Providence.</b>	State <b>R-I.</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Director Name <b>Alcira Ortiz</b>		Director Name <b>Ever de la Cruz.-</b>	
Street Address <b>201 Unit St.</b>		Street Address <b>133 Alverson St.</b>	
City <b>Providence</b>	State <b>R-I</b>	City <b>Providence</b>	State <b>R-I.</b>
Zip <b>02909.</b>		Zip <b>02909.-</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>Marilena Enriquez.-</b>			Date <b>01/29/24.-</b>
Signature of Officer/Authorized Representative <b>Marilena Enriquez.-</b>			

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

FILED

JAN 29 2024

FORM 631- Revised 04/2023

BY XOUIT

*[Handwritten mark]*