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State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation
000742474.	Iglesia Evangélica Horeb.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: diffusion proclamation of Christian evangelism
4. NAICS Code: 813110-Religios Organización.	

6. Principal Office Address	City	State	Zip
201 Pocasset. Av.	Providence.	R.I.	02909.

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Marilena Enriquez.	42 Lynch St.	Providence.	RI	02908

Vice-President Name	Street Address	City	State	Zip
Manuel Enriquez.-	42 Lynch. St.	Providence.	RI	02908.

Secretary Name	Street Address	City	State	Zip
Ulma Blanco Sanchez.	67 Canton St.	Providence.	R.I.	02908

Treasurer Name	Street Address	City	State	Zip
Alcira Ortiz.-	201 Unit St.	Providence.	R.I.	02909.

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Marilena Enriquez. -	42 Lynch. St.	Providence.	R.I.	02908
Manuel Enriquez. -	42 Lynch. St.	Providence.	R.I.	02908
Alcira Ortiz	201 Unit St.	Providence	RI	02909.
Ever de la Cruz. -	133 Alverson St.	Providence	R.I.	02909.-

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Marilena Enriquez.-	01/29/24.-

Signature of Officer/Authorized Representative: Marilena Enriquez.-

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
BY XOOIT

FORM 631- Revised 04/2023