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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 102955 | | 2. Exact name of the Corporation Talesia de CRISTO DE LOS ALPES | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island CHURCH TO PREACH THE GOSPEL OF JESUS and Ebenezer DOCTRINA. | | | |
| 4. NAICS Code 831110 | | | | | |
| 6. Principal Office Address 103 Rankin Ave | | | City PROV | State RI | Zip 02908 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ROSA molina | | | Vice-President Name KAREN Goldman | | |
| Street Address 103 Rankin ave | | | Street Address 56 TERRACE ave | | |
| City PROV | State RI | Zip 02908 | City PROV | State RI | Zip 02909 |
| Secretary Name Anaeta violeto CASAS | | | Treasurer Name | | |
| Street Address 56 TERRACE Ave | | | Street Address | | |
| City PROV | State RI | Zip 02909 | City | State | Zip |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ROSA molina | | | Director Name Rudy VIOAR. | | |
| Street Address 103 Rankin Ave | | | Street Address 56 TERRACE ave | | |
| City PROV | State RI | Zip 02908 | City PROV | State RI | Zip 02909 |
| Director Name Luis Pedonez | | | Director Name | | |
| Street Address 103 Rankin ave | | | Street Address | | |
| City PROV | State RI | Zip 02908 | City | State | Zip |
| 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. | | | | | |
| <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 ROSA molina | | | | Date 5-1-24 | |
| Signature of Officer/Authorized Representative Rosa molina | | | | | |

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

MAY 1 2024

BY JJLCC
[Signature]