



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.

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1. Entity ID Number <u>001738745</u>		2. Exact name of the Corporation <u>Iglesia Cristiana Nueva Esperanza Inc.</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church helping the Community</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>11665 Hartford Ave Rear #23</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Maria Lora</u>		Vice-President Name <u>Gloria Colon</u>	
Street Address <u>31-Dorchester Ave</u>		Street Address <u>34-Dorchester Ave</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
	Zip <u>02909</u>		Zip <u>02909</u>
Secretary Name <u>Ana Rosado</u>		Treasurer Name <u>Haukey Lora</u>	
Street Address <u>32-Belmont Ave</u>		Street Address <u>34 Dorchester Ave</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
	Zip <u>02908</u>		Zip <u>02909</u>
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 <u>Gloria Colon</u>		Director Name <u>Juan Lora</u>	
Street Address <u>34-Dorchester Ave</u>		Street Address <u>34-Dorchester Ave</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
	Zip <u>02909</u>		Zip <u>02909</u>
Director Name <u>Haukey Lora</u>		Director Name	
Street Address <u>34-Dorchester Ave</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State
	Zip <u>02909</u>		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.			
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 <u>Maria Lora</u>			Date <u>5/6/24</u>
Signature of Officer/Authorized Representative <u>Maria Lora</u>			

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 06 2024

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FORM 631 - Revised: 04/2023