



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2023

Non-Profit Corporation

2024 JUN 20 PM 1:08

→ 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 001746065		2. Exact name of the Corporation Iglesia Evangélica Hispana UCC/Hispanic Evangelical Church UCC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious and Mission Services			
4. NAICS Code 8131100					
6. Principal Office Address 185 CHAPEL ST		City LINCOLN		State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SONIA SANCHEZ			Vice-President Name NONE		
Street Address 185 CHAPEL ST			Street Address NONE		
City LINCOLN	State RI	Zip 02865	City NONE	State NONE	Zip NONE
Secretary Name ADAMARIS VILLAR			Treasurer Name RACHELLE ESPINOZA		
Street Address 185 CHAPEL ST			Street Address 185 CHAPEL ST		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MELIDA M CAMARENA			Director Name RUAMA RODRIGUEZ		
Street Address 185 CHAPEL ST			Street Address 185 CHAPEL ST		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name DOLORES REYNOSO			Director Name SONIA VASQUEZ		
Street Address 185 CHAPEL ST			Street Address 185 CHAPEL ST		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ADAMARIS VILLAR					Date 6/11/24
Signature of Officer/Authorized Representative 					FILED

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

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BY
1:09

Entity ID Number: 001746065

8. List ALL directors (names and addresses) continued:

FLOR GARO 185 CHAPEL ST LINCOLN RI 02865

MAXIMA FIGUEROO 185 CHAPEL ST LINCOLN RI 02865

JANETH ESPINOZA 185 CHAPEL ST LINCOLN RI 02865