



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

RECEIVED
FEB 12 2025
3:32 PM

1. Entity ID Number <u>891174</u>		2. Exact name of the Corporation <u>Alianza DE Transformacion Social / Social Transformation Alliance</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO work in Alliance with Pastors and Leaders of the Nation TO empower them in their Civil Roll. we work with The Community.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>9121 Smith ST.</u>		City <u>North Prov.</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rev. S. Joanna Orellana</u>		Vice-President Name <u>Rev. Luis Suarez</u>	
Street Address <u>91 W LOWN AVE.</u>		Street Address <u>2121 Smith ST</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02904</u>	
Secretary Name <u>Rev. Santos Escobar</u>		Treasurer Name <u>Jazmin Rincon</u>	
Street Address <u>685 Cranston ST.</u>		Street Address <u>2121 Smith ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Prov.</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02904</u>	
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 <u>Rev. S. Joanna Orellana</u>		Director Name <u>Rev. Santos Escobar</u>	
Street Address <u>91 W LOWN AVE.</u>		Street Address <u>685 Cranston ST.</u>	
City <u>Pawt.</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02909</u>	
Director Name <u>Rev. Luis Suarez</u>		Director Name <u>Jazmine Rincon</u>	
Street Address <u>2121 Smith ST</u>		Street Address <u>2121 Smith ST</u>	
City <u>N. Prov.</u>	State <u>RI</u>	City <u>North Prov.</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02909</u>	
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>Silvia Joanna Orellana</u>		FILED	Date <u>2-12-2025</u>
Signature of Officer/Authorized Representative 		FEB 12 2025 TACFS	

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