

Check No."

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subi

to a penalty fee of \$25.00.	.L. /-0-94, euch corpora	aton jatung or rejusing it	jue us annam report was	in the time presented by with	(xcx cinc / c) 1 / to concer
1. Corporate ID No. 2. Name of Corporation 1/6570 CENTRO EVANGE ISTA OF PENTECOSTAL Shalom					
3. State of Incorporation	4. Corporate address	in Rhode Jaland - Street Addr	ess	City	Zip
$\mathcal{R}.\mathcal{T}$	435 We			Paut.	0 2860
5. Foreign corporation. Enter principal office address			City	State	Ζip
6. Brief Description of the chara	cter of the affairs which are	e actually conducted in Rhode	Island		W.
Preach M	he Gospell	of Jesus	cnst.		
7. NAMES AND ADDRES	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS .
President Name Silvia J. Orellana			Vice President Name	Gonzalez.	
Street Address 141 ORiolE GVC			Street Address 435 W	est ave	
Paut.	State 77.1	0 286 O	Paut	State I	02860
Secretary Name Yovany Padilla			Treasurer Name GAbnel	A. Alvarado	
Street Address	7901119		Street Address	H. HIVATAGE	
132 Hendrick	es 54	7/0	435 W	est ave, Par	≥f. zip
Central falls	State 121	02	Pant.	$\mathcal{R}\mathcal{I}$	02860
8. NAMES AND ADDRES	The ground and a second of the first	ORS: ("X" BOX FOR AT		ACES BEFORE USING AT	
State and the second se	CTORS OF A DOMES	STIC (RHODE ISLAND	Director Name	NOT BE LESS THAN TH	<u>REE (3). R.I.G.L. /-0-23</u>
Vovany Padilla			(oAbriel	A. Alvarac	<i>lo</i>
132 Hendreks St			Street Address 435 W	est ave	
Di Li Elt	State	0 286 3	D. L	State	02860
Director Name	702		Director Name	Conzalez	10000
Silvia J. Orellana			Street Address		
Street Address 141 ORID/E	ave		435 W		
Part.	State	21007860	Pant	State $\mathcal{R}\mathcal{I}$	07860
9. REGISTERED AGENT	IN RHODE ISLAND	DO NOT ALTER - Cha	1	form 641 - R.I.G.L. 7-6-1	3 / 7-6-78
Agent Name Rewe (gonzalez + ave,		Address		
Address			City	Zip	2012
435 Wes	t ave		Panticest	1/6 \$ 0	2860
This report n	nust be signed by eith	er the President, Vice Pr	resident, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee
			Under penalty	of perjury, L declare and affin	rm that I have examined this
		* :	report, includir	ig any accompanying schedule tained herein are true and com	es and statements, and that all
File Date	ED	1			8/2/08
		1990) 1998a	Signature of Offi	cer	Date