

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 2009

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 subject to a

1. Corporate ID No.	2. Name of Con	2. Name of Corporation				
112942		2nd, Iglesia camino a Canaan				
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street	Address	City	Zip	
Rhode Island	3 Beech Tr	ee st		Newport	02840	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the c	paracter of the affairs whic	h are actually conducted in I	Phode Island			
To preach and minis	try the gospel of Jes	uschrist to all people vi	a any means of communica	ition present and future.		
7. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SI	PACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Carmen Villafane			Wayne Chapman	1		
treet Address Beech Tree st			Street Address 23 Ranger st			
City	State	Zip	City	State	Zip	
lewport	R. I.	02840	Newport	R. I.	02840	
ecretary Name			Treasurer Name			
laritza Alvarez			Awilda Ojeda			
treet Address	n		Street Address			
24 John H Chafee Blvd			3 Robert H Douglas Lane			
ity .	State	Zip	City	State	Zip	
ewport	R. I.	02840	Newport	R. I.	02840/No	
. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	IACHMEN ISCILLA	
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	LL NOT BE LESS THAN TH	<u>REE</u> (3). R.I.G.L.	
Pirector Name			Director Name			
Carmen Villafane			Maritza Alvarez			
reet Address			Street Address			
Beech Tree st			24 John H Chafee Blvd			
*	State	Zip	City	State	Zip	
lewport	R. I.	02840	Newport	R. I.	02840	
rector Name Celvin Serrano			Director Name			
reet Address	<u>.</u>				<u></u>	
2 West Evans st			Street Address			
ity	State	Zip	Clini			
 lewport	R. I.	02840	City	State	Zip	
. REGISTERED AGE	IV. I. NT IN RHODE ISLAN	บ20 4 0	1	l		
his information is cur-	ently of record in the	Office of the Secretary of	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
					·	

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a statements contained herein are too and correct. File Date 6-2-09 ON 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 112942	
statements contained herein are true and correct.		Under penalty of perjury, I declare and affirm that I have examined this
	/ 2 20	statements, contained berein are two applicanced
	File Date 6-2-09	Marilaa alleare 6/1/
Check No. 1600 Signature of Officer Date	Check No	
By: MaritzA Hlvarez Print or Type Name of Officer	mma	
FOR SECRETARY OF STATE USE ONLY Title of Officer	FOR SECRETARY OF STATE USE ONLY	

Form 631 Rev. 09/17