

FOR SECRETARY OF STATE USE ONLY

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

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. 7-6-9 penalty fee of \$25.00.	94, cach corporation fa	iling or refusing to file its i	annual report within the time pres	cribed by law (R.I.G.L. 7-6	5-91) is subject to a
273824	2. Name of Comporation Second God Lifts the Fallen Pentecostal Church				
3. State of hicorporation 4. Rhode Island 4.		ode Island - Street Address Odd Way		Pawtucket	02860
5. Foreign corporation. Enter principe	al office address		City	State R · I	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Church					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHM President Name			Vice President Name		
Jimmy Montanez Stroet Address			Teolinda y. Joseph		
71 Bridgam St. 0-3			130 Leonard Jenard Drive Apt 1d		
Providence "	R· I·	^{Zip} 02907	Pawtucket	State R-I.	02860
Anna Lake			Treasurer Name LUCY PEÑA		
150 201 101 01 01 01 11 1			Street Address 93 Perry Street		
Pawtucket si	- ' '	02860	central Falls	· I	02863
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Manua		. (KHODE ISLAND) C	Dissector Numer		
Jimmy Montañez			Lucy Pena Street Address		
Street Address 71 Bridgan St 0-5			93 Perry Street		
Providence s	R. I.	^{Zip} 02907	Central Fails	State R-I.	02863
Teolinda V. Joseph			Director Name		
130 Leonard Je		ve Apt 1d	Street Address		(1)
	R. I.	02860	Chy	State	SE ORE
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all					
FIL	.ED		statements contained l	nerein are true and correct.	11 0-11
File Date NOV	9 2009		Signature of Officer	7 /vici	11 - 9 - 0 9 Date
Check No. By	1		ha tim	11/10	
	D 103356		Print or Type Name of	Officer	