

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 fulling or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
19140	IGLESIA DEL DIOS VIVIENTE MECHES 2:38 INC				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
RI	8 STOKES STR	EET		PROVIDENCE	02909
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	r of the affairs which are a	ctually conducted in Rbod	e Island		_₺,
WITH THE MINISTRY OF	GOD.	•	HE DOCTRINE OF APOSTL		,
President Name LUIS PADILLA SR.			Vice President Name LUIS F. PADILLA		
Street Address 502 EAST ANDERSON STREET			Street Address 132 CANTON STREET		
City	State	Zip	Сиу	State	Zip
SELMA	NC	27576	PROVIDENCE	RI	02908
Secretary Name SHERRON PADILLA			Treasurer Name NOE CABRAROS		
Street Address 132 CANTON STREET			Street Address 8 STOKES STREET		
City	State	Zip	City	State	Zip
PROVIDENCE]RI	02908	PROVIDENCE	RI	02909
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION ;				OT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
Director Name			Director Name		
LUIS E. VASQUEZ			EDMAR D. RAMOS		
Street Address			Street Address		
34 HEATH STREET			73 JULIAN STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909
Director Name LEONARD CRUZ			Director Name		
Street Address 825 PLAINFIELD STREET			Street Address		
City	State	Ζip	СПу	State	Zip = -
PROVIDENCE	RI	02909			
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 mus	st be signed by either	the President, Vice F	President, Secretary, Assistant	Secretary, Treasurer, Rece	iver or Trustee

■ 19140	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No. DEC 02 2009	Signature of Office Date
FOR SECRETARY OF STATE USE ONLY	Frint or Type Name of Office
	Title of Officer() Sorm 631 Rev. 09/17