

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

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
85636	IGLESIA DI	IGLESIA DE DIOS PENTECOSTAL MOVIMIENTOINTERNACIONAL				
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street A	Address	City	Zip	
RI	65 EXCHA	NGE ST, P.O. BOX 9	9174	PAWTUCKET	02860	
5. Foreign corporation. Enter principal office address			City	State	Zip	
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6. Brief Description of the cha	racter of the affairs whic	ch are actually conducted in Ri	hode Island			
TO PREACH THE GO	SPEL OF JESUS	CHRIST.				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES REFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
JUAN GANDULLA						
Street Address			Street Address			
54 LAWN ST 2ND F	LOOR					
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02860				
Secretary Name			Treasurer Name			
EMILY CRUZ			MARIA UTATE			
Street Address	<u>-</u>		Street Address			
LAWN ST. 1ST FL.			10 LAUREL HILL AVE. 1ST FLOOR.			
City	State	Ζip	City	State	Zip	
PAWTUCKET	RI	02860	PROVIDENCE	RI	02909	
			ATTACHMENT) FILL IN SPA			
Director Name	ECIONS OF A DO	MESTIC (KHODE ISLA	D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
MARIA GANDULLA Street Address			MIRIAN GIRON Street Address			
54 LAWN ST 2ND FLOOR			85 CENTRE ST			
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02860	PAWTUCKET	RI	02860	
Director Name		•	Director Name	·		
DANIA LIZARDO						
Street Address			Street Address			
10 LAUREL HILL A	/E. 2ND. FLOOF	<u> </u>				
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02909	ı		1	
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	/7-6-78	
This report	must be signed by	either the President. Vic	ce President, Secretary, Assista	nt Secretary, Treasurer, Reco	eiver or Trustee	

	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 Check No DEC 1 0 2009	statements contained herein are true and correct. Conclus Crue Delgado (Secretary) Signature of officer Date
By: By 32 FOR SECRETARY OF STATE USE ONLY	JUAN GANDULLA Print or Type Name of Officer REVEREND Title of Officer