

Filing Fee: \$20.00

To be filed annually during  
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

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## NON-PROFIT CORPORATION

Corporate ID Number DNP-104120

Annual Report for the year 2001

- The name of the corporation is Iglesia Pentecostes Mi Casa de Oracion
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND  
RI 02908-  
and the name of its registered agent in this state at that address is JUAN FONSECA
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is to serve God, and the Community.
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is Rhode Island
- Corporate address in Rhode Island 45 River Avenue  
Providence RI 02908
- Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME	OFFICE	ADDRESS
<u>Juan Fonseca</u>	Director	<u>25 Pumpansett St. Prov. RI 02908</u>
<u>Ceydali Fonseca</u>	Director	<u>25 Pumpansett St. Prov. RI 02908</u>
<u>Rosalina Garcia</u>	Director	
<u>Edwin Rosado</u>	President	<u>436 Wood Street Prov RI 02907</u>
<u>Maria Cepeda</u>	Vice-President	<u>33 Polo Street Prov RI 02860</u>
<u>Maria Cepeda</u>	Secretary	<u>245 Bayles St. Prov RI 02905</u>
<u>Maria Cepeda</u>	Treasurer	<u>245 Bayles St. Prov RI 02905</u>

Dated: \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



\* 1 0 4 1 2 0 \*

Iglesia Pentecostes Mi Casa de Oracion  
Exact Name of Corporation

By Juan Fonseca  
Title Minister / Pastor  
(Report must be signed by an officer)

Form No. 631  
Revised 5/98

DETACH BOTTOM BEFORE RETURNING