

A. Ralph Mollis, Secretary of State Corporations Division

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Corporations Livision 148 W. River Street Providence, RI 02904-2615 **ZOO 9** 401.222.3040

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 Corporation ISCESIA	PENTECOSTAL SHEKINAH	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address PI 661 HARTFORD	AU Providence 02909	
5. Foreign corporation. Enter principal office address 661-NARTORD AU	Providero 81 21 02909	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	nd	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES BEFORE USING ATTACHMENTS	
President Name Suillermo CACERES	Vice President Name Padro MARlines	
Street Address 661 HARTFORD AV	Street Address 100 Atwels AU	
Providono 121 02909	Provibuer State RZ 2102903	
MIRCH CHCRES	Treasurer Name RING MONACI	
Street Address 661 HARTROTH AU	Street Address 350 PONTING AV	
providence State 27 02909	CRANSION State NI Zip 02989	
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 Name Guilleam Cocorel	Director Name PRARO LINGUIDA MINTERE (3). R.I.G.L. 7-6-23	
Street Address 661 4 147 FORD AU	Street Address 100 thueis 4V	
Providence State NI 02908	Providence State TR 2102903	
MIDES B CACEDOS	Director Name	
Street Address 661 + ADFORD AV	Street Address 28	
Provide o State NI Zip 02909	City State	
9. REGISTERED AGENT IN RHODE ISLAND This information is currently of moved in the Office of the Secretary of Secretary.	5 5 5 5	
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 of Trustee		
This report must be signed by either the riesident, vice riesi	vein, Secretary, Assistant Secretary, Treasurer, Receiver or Inferee	
	57	
	v.	

File Date Check No.

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.

- Zmull	
Signature of Officer	Date
SUITERMO G	ace Des
Print or Type Name of Officer	wf

Title of Officer

Form 631 Rev. 09/17