

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 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 10 No.<br>273824  | 2. Name of Corporation<br>Second God Lifts the Fallen Pentecostal Church |                              |                                  |                   |                      |  |
| 3. State of Incorporation  | 4. Corporate address in Rl   | bode Island - Street Address |                                  | City              | Zip                  |  |
| Rhode Island   |  |                              |                                  |                   |                      |  |
| 5. Foreign corporation. Enter principal office address   |  |                              | Pawtucket                        | State             | Zip                  |  |
| 100 Broadway   |  |                              |                                  | R.I.              | 0286C                |  |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  |  |                              |                                  |                   |                      |  |
| Church (services)  |  |                              |                                  |                   |                      |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS                                   |  |                              |                                  |                   |                      |  |
| President Name   |  |                              | Vice President Name              |                   |                      |  |
| Jimmy Montañez   |  |                              | Teolinda V. Joseph               |                   |                      |  |
| Street Address 71 Bridgam St. 0-5  |  |                              | 130 Leonard Jerard Drive Apt 1d  |                   |                      |  |
| Providence   | R. I.  | 02907                        | Pawtucket                        | State<br>R · I ·  | 02860                |  |
| Secretary Name Anna Lake   |  |                              | Treasurer Name LUCY PEÑO         |                   |                      |  |
| Street Address<br>130 Leonard Jenard Dr. Apt 1d  |  |                              | Street Address 141 School Street |                   |                      |  |
| Pawtucket  | R. I.  | 02860                        | cin Central Fails                | R. I.             | 02863                |  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS                                  |  |                              |                                  |                   |                      |  |
| THE NUMBER OF DIRECTO  | ORS OF A DOMESTIC  | C (RHODE ISLAND) C           | ORPORATION SHALL NOT B           | E LESS THAN THREE | (3). R.I.G.L. 7-6-23 |  |
| Director Name  |  |                              | Director Name                    |                   |                      |  |
| Jimmy Montanez   |  |                              | Lucy Pena                        |                   |                      |  |
| TI Bridgan St. 0-5   |  |                              | Street Address 141 School Street |                   |                      |  |
| Providence   | State<br>R - L.  | 02907                        | Central Fails                    | State R. I.       | 02863                |  |
| Director Name<br>Teolinda Y- Joseph  |  |                              | Director Name                    |                   |                      |  |
| Street Address<br>130 Leonard Jerard Drive Apt 1d  |  |                              | Street Address                   |                   |                      |  |
| Pautucket  | State R-I.   | 02860                        | City                             | State             | Zip                  |  |
| 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           |  |                              |                                  |                   |                      |  |
|  |  |                              |                                  |                   |                      |  |

| File Date | PILED                         |
|-----------|-------------------------------|
| Check No  | JUN 1 5 2010                  |
| By:FO     | R SEGRETARY OF STATE USE UNIT |
|           | 12042                         |

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.

| Ecolinda y Joseph             | 6-7-10 |
|-------------------------------|--------|
| Signature of Officer          | Dote   |
| Teolinda V. Joseph            |        |
| Print or Type Name of Officer |        |
| Vice President                |        |
| Tule of Officer               |        |

Form 631 Rev. 09/17