



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
(401) 222-3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 151849		2. Name of Corporation Iglesia Pentecostal Cristo El Redentor	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 91 Pine Swamp Rd.	
		City Cumberland	Zip 02864
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island → Religious Services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Abel Maysonet		Vice President Name Ibia Maysonet	
Street Address 12 James St.		Street Address 12 James St.	
City Milford	State MA	Zip 01757	City Milford
			State MA
			Zip 01757
Secretary Name		Treasurer Name Domingo Cruz	
Street Address		Street Address 1650 Lonsdale Ave	
City	State	Zip	City Lincoln
			State MA
			Zip 02865
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 Domingo Cruz		Director Name Grace Cruz	
Street Address 1650 Lonsdale Ave		Street Address 1650 Lonsdale Ave	
City Lincoln	State MA	Zip 01757	City Lincoln
			State RI
			Zip 02865
Director Name Ada Maysonet		Director Name	
Street Address 12 James St.		Street Address	
City Milford	State MA	Zip 01757	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-			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, Trustee

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.

Signature of Officer **Abel Maysonet** Date **6/29/10**
Print or Type Name of Officer **Abel Maysonet**
Title of Officer **Pastor**

File Date **6-29-2010**
Check No. **207**
By: **mmc**

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DIVISION