



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83853
2. Name of Corporation Reconstruyendo Vidas
3. State of Incorporation Rhode Island
4. Corporate address in Rhode Island -Street Address 770 Hartford Avenue
City Johnston Zip 02919
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
Preach the gospel of the kingdom and, win thousands of people for Jesus. Renew our mind acordeing to the Bible's teachings and help others be transformed and, get a better RI.

7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENTS) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Rev. Tomas Tineo Street Address 189 Central Avenue City Johnston State RI Zip 02919			Vice President Name Priscilla Tineo Street Address 189 Central Avenue City Johnston State RI Zip 02919		
Secretary Name Luz L. Alvarez Street Address 15 1/2 Grosvenor Avenue City Providence State RI Zip 02908			Treasurer Name Onelia Barrios Street Address 65 Lawrence Street City Cranston State RI Zip 02920		

8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENTS) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Santa Santana Street Address 82 Lookout Avenue City Cranston State RI Zip 02920			Director Name Rudy Barrios Street Address 65 Lawrence Street City Cranston State RI Zip 02920		
Director Name Tomas Tineo Street Address 189 Central Avenue City Johnston State RI Zip 02919			Director Name Street Address City State Zip		

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 31GSL 1-6-13/1-4-78

Agent Name Rev. Tomas Tineo
Address 770 Hartford Avenue
City Johnston Zip 02919

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



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FILED

File Date JUN 24 2011

Check No. By *MM*

By: 1094

FOR SECRETARY OF STATE USE ONLY

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.

Rev. Tomas Tineo
Signature of Officer Date 6/25/11

Tomas Tineo
Print or Type Name of Officer

Pastor

Title of Officer