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 CORPORATIONS DIV
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 36369		2. Exact name of the Corporation Iglesia PENTECOSTAL ROSA de SARON			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 730 Potters Ave		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Church					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAFAEL GALARZA			Vice-President Name ANA RAMIREZ		
Street Address 29 Newark St			Street Address 19 Grand St		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02907
Secretary Name CARMEN ORTIZ			Treasurer Name VOLANDA GALARZA		
Street Address 35 CUMENFORD ST			Street Address 29 NEWARK ST		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VANESA GALARZA			Director Name HUGO FERNANDEZ		
Street Address 29 Newark St			Street Address 1188 Elmwood Ave		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02907
Director Name ADRI RAMIREZ			Director Name MARY FERNANDEZ		
Street Address 19 Grand St			Street Address 1188 Elmwood Ave		
City Providence	State R.I.	Zip 02907	City Providence	State R.I.	Zip 02907
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date
 Check No
 By:
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 24 2012

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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
 RAFAEL GALARZA
 Date
 PASTOR
 Title of Officer