



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 694267		2. Exact name of the Corporation Christian Coalition for Political Action	
3. State of Incorporation Rhode Island.		4. Brief description of the character of business conducted in Rhode Island to Represent and Foster christian values, to educate and train Leaders, & to develop new initiatives for social + political action.	
5. Principal office address 677 Cranston st		City Providence	State RI Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Ing. Eulogio Acevedo		Vice-President Name Dr. Jenny Topia Rosario	
Street Address 677 Cranston street		Street Address 934 Narragansett Blvd.	
City Providence	State RI	City Providence	State RI Zip 02905
Secretary Name Rev. Julio Sabater		Treasurer Name Rev. Rafael Galarza	
Street Address 1140 Smith st.		Street Address 29 Newark st	
City Providence	State RI	City Providence	State RI Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Rev. Angeles Sabater		Director Name MARCELYN ALBA Acevedo	
Street Address 1140 Smith st		Street Address 677 Cranston st	
City Providence	State RI	City Providence	State RI Zip 02907
Director Name Jaime Romero		Director Name Jose Sangiovanni	
Street Address 199 Penn st		Street Address 7 WHELAN RD 1-1	
City Providence	State RI	City Providence	State RI Zip 02909
8. 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

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 _____

7-25-2012
Date

Print Type Name of Officer
Ing. Eulogio Acevedo

Title of Officer
Presidente

Form No. 631
Revised: 05/2012

FILED
JUL 26 2012
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