



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

2012

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. <b>000505706</b>		2. Exact name of the Corporation <b>Crown Theological Seminary</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Christian Church Bible Seminary - Teaching the Word of God on to the nations via the Internet and also live seminars. We do foreing missionary work.</b>			
5. Principal office address <b>38 Chaffee St</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Rev. Mynor A. Vargas</b>			Vice-President Name <b>Pastor Blanca Vargas</b>		
Street Address <b>11 Cliff St.</b>			Street Address <b>11 Cliff St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Luis F. Leon</b>			Treasurer Name <b>Anibal Hernandez</b>		
Street Address <b>32 Rye St.</b>			Street Address <b>39 Glenbridge Av.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. 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 <b>Rev. Mynor Vargas</b>			Director Name <b>Pastor Blanca Vargas</b>		
Street Address <b>11 Cliff St.</b>			Street Address <b>11 Cliff St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Luis F. Leon</b>			Director Name <b>Anibal Hernandez</b>		
Street Address <b>32 Rye St.</b>			Street Address <b>39 Glenbridge St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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

FILED

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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  
*Mynor Vargas*

10/22/2012  
Date

Rev. Mynor A. Vargas  
Print or Type Name of Officer

President  
Title of Officer