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.	2. Exact name of the Corporation
121915	Iglesia de Dios Emmanuel (Church of God)
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Church

5. Principal office address	City	State	Zip
123 Eastwood Ave	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Luis M Agosto	23 Brush Hill Rd	Providence	RI	02909

Vice-President Name	Street Address	City	State	Zip
Ruth Agosto	23 Brush Hill Rd	Providence	RI	02909

Secretary Name	Street Address	City	State	Zip
Lersy Benetiz	52 Liege St	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Maria Martinez	699 Park Ave #3	Woonsocket	RI	02895

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Bishop Doyle Scott	8 Tobey St	Bloomfield	Ct	06002

Director Name	Street Address	City	State	Zip
Luis M Agosto	23 Brush Hill Rd	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Jesus Caro	20 Aventine St	Providence	RI	02904

Director Name	Street Address	City	State	Zip
Iris Agosto	52 Liege St	Providence	RI	02908

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

2012 OCT 22 P 4:08

FILED

File Date OCT 22 2012
Check No 181604
By: BY DS

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.

10/19/2012
Signature of Officer — Date

Luis M Agosto
Print or Type Name of Officer

Pastor
Title of Officer

Form No. 631
Revised: 05/2012

84076-1-771631