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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/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
36369	Iglesia Penecostal Rosa de Saron
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Church

5. Principal office address	City	State	Zip
730 Potters Ave	Providence	RI	02907

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

President Name	Vice-President Name
RAFAEL GALARZA	Ada 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: Yolanda Galarza
Street Address: 35 Crawford 31	Street Address: 29 Newark St
City: Providence State: R.I Zip: 02908	City: Providene State: R.I 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	Director Name
Vanessa Galarza	Maria Morales
Street Address: 29 Newark St.	Street Address: ~~See~~ 100 Dwell Ave #802
City: Providence State: R.I Zip: 02908	City: Providence State: R.I Zip: 02908
Director Name: Ada Ramirez	Director Name: Eulogio Acevedo
Street Address: 19 Grand St	Street Address: 677 Cranston St
City: Providence State: R.I Zip: 02907	City: Providence State: R.I Zip: 02907

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

FILED
DEC 05 2012
BY Ca 184822

File Date
Check No 17
By:
FOR SECRETARY OF STATE USE ONLY

2012 DEC -3 AM 10:17
ATTORNEY GENERAL

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 — Date

RAFAEL GALARZA
Print or Type Name of Officer

PASTOR
Title of Officer

Form No. 631
Revised 1-07/2012