



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. <u>96920</u>		2. Exact name of the Corporation <u>Smith St. Church of God of Prophecy</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>A church and religious order.</u>	
5. Principal office address <u>530 Smith Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. LIST ALL OFFICERS			
President Name <u>Ruben D. BAEZ, Sr.</u>		Vice-President Name <u>NONE</u>	
Street Address <u>162 Petkeys Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name <u>ANA Cabrera</u>		Treasurer Name <u>REYNA ACARAPI</u>	
Street Address <u>162 Petkeys Avenue</u>		Street Address <u>92 DOVER ST</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02908</u>
7. LIST ALL DIRECTORS (NAME AND ADDRESS) (LIST NO LESS THAN THREE DIRECTORS) (X) BOX FOR ATTACHMENT			
Director Name <u>Ruben D. BAEZ, Sr.</u>		Director Name <u>JOSE Ferreras</u>	
Street Address <u>162 Petkey's Avenue</u>		Street Address <u>34 DORCHESTER AVENUE</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02909</u>
Director Name <u>OSCAR BONILLA</u>		Director Name <u>NONE</u>	
Street Address <u>21 NEBRASKA street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City
			State
			Zip
8. REGISTERED AGENT IN PROVIDENCE			
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

File Date
Check No.
By
FOR SECRETARY OF STATE

MAR 14 2013

192671
DS 11:08

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
ROSEN D. BAEZ

Print or Type Name of Officer
ROSEN D. BAEZ

Title of Officer
PASTOR

Date
2/19/13