



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 2013

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. 631421		2. Exact name of the Corporation Iglesia Pentecostal Unida Nuevo Pacto			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 694 Dexter ST			City Central Falls	State RI	Zip 02863
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name NARCISO J ROMERO			Vice-President Name GIQUAN COKER		
Street Address 694 Dexter ST			Street Address 680 Dexter ST		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Eladio Alejandro Hernandez			Treasurer Name Stefani Besmudez		
Street Address 47 Pacific ST			Street Address 99 Ashton ST		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name NARCISO J ROMERO			Director Name GIQUAN COKER		
Street Address 694 Dexter ST			Street Address 680 Dexter ST		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Stefani Besmudez			Director Name		
Street Address 29 Ashton ST			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
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

RECEIVED
DATE
JUN 11 PM 5:13
SECRETARY OF STATE
CORPORATIONS DIV

FILED 154

JUN 11 2013

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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

Date

[Signature] 6-11-2013

NARCISO J ROMERO
Print or Type Name of Officer

PASTOR
Title of Officer

File Date: _____
 Check No: _____
 By: _____
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