



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. 000791439		2. Exact name of the Corporation Iglesia Casa de Restauracion	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island 1. To worship God, 2. To spread the Gospel	
5. Principal office address 1568 Lonsdale Ave		City Lincoln	State R.I.
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		Zip 02860	
President Name Nixon N. Chinchilla		Vice-President Name Baltimore Martinez	
Street Address 27 Charles St APT: 2		Street Address 687 High St	
City Pawtucket	State R.I.	City Central Falls	State R.I.
Zip 02860		Zip 02863	
Secretary Name Ana B. Garcia		Treasurer Name Yury Hernandez	
Street Address 27 Charles St APT: 2		Street Address 30 Valley St	
City Pawtucket	State R.I.	City Central Falls	State R.I.
Zip 02860		Zip 02863	
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 Pastor Nixon N. Chinchilla		Director Name Baltimore Martinez	
Street Address 27 Charles St APT: 2		Street Address 687 High St	
City Pawtucket	State R.I.	City Central Falls	State R.I.
Zip 02860		Zip 02863	
Director Name Ana B. Garcia		Director Name Yury Hernandez	
Street Address 27 Charles St APT: 2		Street Address 30 Valley St	
City Pawtucket	State R.I.	City Central Falls	State R.I.
Zip 02860		Zip 02863	
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

JUN 26 2013

49-203109

A.A.

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.

Nixon N. Chinchilla 6/26/13
Signature of Officer Date

Nixon N. Chinchilla
Print or Type Name of Officer

Title of Officer