



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. 158748		2. Exact name of the Corporation Iglesia Evangelica Pentecostal Columnay Baluarte de la Verdad.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island for baptizin, marriage Help the people homeless predic the world of God outside No profit church			
5. Principal office address 622 charles st.		City prov.	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Fidelino Vargas		Vice-President Name Claudia Salazar			
Street Address 622 charles st.		Street Address 622 charles st.			
City prov	State RI	Zip 02904	City prov.	State RI	Zip 02904
Secretary Name Petruccio Salazar		Treasurer Name Leonardo Salazar			
Street Address 622 charles st.		Street Address 622 charles st.			
City prov	State RI	Zip 02904	City prov.	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Junia Orozco		Director Name Byron Zacarias			
Street Address 107 Harold St.		Street Address 107 Harold St.			
City prov	State RI	Zip 02908	City prov	State RI	Zip 02908
Director Name Irma Maldonado		Director Name			
Street Address 107 Harold St.		Street Address			
City prov	State RI	Zip 02908	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

FILED

SEP 16 2013

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

Print or Type Name of Officer

Title of Officer

Date

File Date

BY **cr 205928**
CORPORATIONS DIV
STATE SECRETARY OF STATE USE ONLY