



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 2014

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. 116570		2. Exact name of the Corporation CENTRO Evangelistico Pentecostal Shalom			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to Preach the Gospel, and serve the Community			
5. Principal office address 141 ORIOLE Ave,			City Pawtucket	State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Silvia J. Orellana			Vice-President Name Carlos D. Orellana		
Street Address 141 ORIOLE ave			Street Address 141 ORIOLE ave		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Walter Noriega			Treasurer Name Julio A. Salguero		
Street Address 20 Bain st			Street Address 105 Fiume st		
City Cranston	State RI	Zip 02920	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 type="checkbox"/>					
Director Name Gladys Esteban			Director Name Carlos Cante		
Street Address 105 Fiume			Street Address 116 Pungansett st		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02908
Director Name Adelina Lopez			Director Name BYRON F. BARRIENTOS II		
Street Address 4 Chapel st			Street Address 141 ORIOLE ave.		
City Central Falls	State RI	Zip 02863	City Pawt.	State RI	Zip 02860
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
MAR 21 2014
 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: [Signature] Date: 3/20/14
 By: 49-200509 Silvia J. Orellana Print or Type Name of Officer
A.A-10.47A President. Title of Officer