



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

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. 000542600		2. Exact name of the Corporation Blessing Land Church	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Preach the gospel of Jesus Christ in Rhode Island	
5. Principal office address 2 Vernon Street		City Greenville	State RI
		Zip 02828	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name CARLOS E. DIAZ		Vice-President Name Melix Borely	
Street Address 2 Vernon Street.		Street Address 2 Vernon Street	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Secretary Name Melix Diaz		Treasurer Name Juan Diaz	
Street Address 2 Vernon Street.		Street Address 2 Vernon Street.	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
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 Carlos E Diaz		Director Name Melix Borely	
Street Address 2 Vernon Street		Street Address 2 Vernon Street.	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Director Name Melix Diaz		Director Name Juan Diaz	
Street Address 2 Vernon Street.		Street Address 2 Vernon Street.	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
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, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 05 2014

223529

H.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.

Signature of Officer or Authorized Representative **Carlos Diaz** Date **05-02-2014**

Print or Type Name of Officer or Authorized Representative
CARLOS DIAZ