



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. 99194		2. Exact name of the Corporation First Church of God Jehova Shammra			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 130 Admiral St		City Providence	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jose Marrero		Vice-President Name			
Street Address 11 Jaques Ave Apt. 2		Street Address			
City Worcester	State MA	Zip 01610	City	State	Zip
Secretary Name Jencybelle Echevaria		Treasurer Name Joanna Miraya			
Street Address 5 Fairmont Ave.		Street Address 291 Chad Brown St. Apt. B			
City Worcester	State MA	Zip 01604	City Providence	State RI	Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Yudeika Minaya		Director Name Gilberto Santana			
Street Address 291 Chad Brown St. Apt. B		Street Address 718 Mineral Spring Ave			
City Providence	State R.I	Zip 02908	City Pawtucket	State R.I	Zip 02860
Director Name Joviel Marrero		Director Name			
Street Address 11 Jaques Ave Apt #2		Street Address			
City Worcester	State MA	Zip 01610	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, duly Authorized Representative, Receiver or Trustee

FILED

File Date 5/18/2014

MAY 28 2014

Check No. #546

By:

BY

546

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

Date

5/18/14

Joanna Miraya

Print or Type Name of Officer or Authorized Representative