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.	2. Exact name of the Corporation
99194	First Church of God Jehova Shamma
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Church

5. Principal office address	City	State	Zip
130 Admiral St	Providence	RI	02908

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Jose Marrero	
Street Address: 11 Jaques Ave Apt. 2	Street Address:
City: Worcester State: MA Zip: 01610	City: State: Zip:
Secretary Name	**Treasurer Name**
Jexcybelle Echevarria	Joanna Minaya
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	Director Name
Yudelka Minaya	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	**Director Name**
Joviel Marrero	
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
MAY 28 2014

File Date 5/18/2014
Check No #546
By: _____ BY 546
FOR SECRETARY OF STATE USE ONLY

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.

Joanna Minaya 5/18/14
Signature of Officer or Authorized Representative Date

Joanna Minaya
Print or Type Name of Officer or Authorized Representative

Form No. 631