



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. 112942		2. Exact name of the Corporation 2nd. Iglesia Camino A Canaan			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To preach and ministry the gospel of Jesuchrist to all people.			
5. Principal office address 999 WestMain Rd		City Middletown		State R.I.	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carmen Villafañe			Vice-President Name Nellie Cancel		
Street Address 3 Beech tree st			Street Address 10 West Evans st		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name Maritza A Morocho			Treasurer Name Awilda Ojeda		
Street Address 24 John H Chafee Blvd			Street Address 195 Admiral kalbfus rd apt 16c		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
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 Carmen Villafañe			Director Name Nellie Cancel		
Street Address 3 Beech Tree st			Street Address 10 West Evans st		
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Director Name Awilda Ojeda			Director Name		
Street Address 195 Admiral Kalbfus rd apt 16c			Street Address		
City Newport	State R.I.	Zip 02840	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **BY** _____

FILED

JUN 03 2014

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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.

Carmen Villafañe 6/2/2014
 Signature of Officer or Authorized Representative Date

Carmen Villafañe
 Print or Type Name of Officer or Authorized Representative