



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. 000138331		2. Exact name of the Corporation Iglesia Apostolica Jesucristo es Dios, Romanos 9:5	
3. State of Incorporation R. I.		4. Brief description of the character of business conducted in Rhode Island To preach the word of God, gospel of the Lord Jesus and to perform all christian duties.	
5. Principal office address 100 Foundry st.		City Central Falls	State R. I.
		Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Marco Huertas		Vice-President Name Nelson R. Diaz	
Street Address 100 Foundry st. 2 Fl. F.		Street Address 23 Palm st. 3 Fl.	
City Central Falls	State R. I.	City Pawtucket	State R. I.
Zip 02863		Zip 02860	
Secretary Name Magda I. Huertas		Treasurer Name Wanda I. Vasquez	
Street Address 100 Foundry st. 2 Fl. F.		Street Address 45 Anthony Ave.	
City Central Falls	State R. I.	City Pawtucket	State R. I.
Zip 02863		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 Elder Marco Huertas		Director Name Elder Nelson R. Diaz	
Street Address 100 Foundry st. 2 Fl. F.		Street Address 23 Palm st. 3 Fl.	
City Central Falls	State R. I.	City Pawtucket	State R. I.
Zip 02863		Zip 02860	
Director Name Deacon Denis Rodas		Director Name Leslie A. Sandoval	
Street Address 184 Earle st.		Street Address 23 Palm st. 3 Fl.	
City Central Falls	State R. I.	City Pawtucket	State R. I.
Zip 02863		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, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

MB

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.

Marco Huertas

Signature of Officer or Authorized Representative

6/2/2014
Date

Marco Huertas

Print or Type Name of Officer or Authorized Representative