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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
513131	**Iglesia Evangelica Emanuel**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Preach the gospel of the Kingdom and win thousands of people for Jesus. Renew our mind according to the bible's teachings and help others be transformed and get a better RI**

5. Principal office address	City	State	Zip
770 Hartford Avenue	**Johnston**	**RI**	**02919**

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

President Name	Street Address	City	State	Zip
Rev. Tomas Tineo	**189 Central Avenue**	**Johnston**	**RI**	**02919**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Rev. Priscilla Tineo	**189 Central Avenue**	**Johnston**	**RI**	**02919**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Luz-Lizette Alvarez	**97 Hoffman Avenue**	**Cranston**	**RI**	**02920**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Onelia Barrios	**65 Lawrence Street**	**Cranston**	**RI**	**02920**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Priscilla Tineo	**189 Central Avenue**	**Johnston**	**RI**	**02919**
Director Name	**Street Address**	**City**	**State**	**Zip**
Rudy Barrios	**65 Lawrence Street**	**Cranston**	**RI**	**02920**
Director Name	**Street Address**	**City**	**State**	**Zip**
Tomas Tineo	**189 Central Avenue**	**Johnston**	**RI**	**02919**
Director Name	**Street Address**	**City**	**State**	**Zip**
Onelia Barrios	**65 Lawrence Street**	**Cranston**	**RI**	**02920**

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 04 2014
BY 1439

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.

Tomás Tineo 6-1-14
Signature of Officer or Authorized Representative Date

Tomás Tineo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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