



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. 790336		2. Exact name of the Corporation casa de Dios y puerta del cielo	
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 95 Hathaway St Suite 35 Prov.	
		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address 95 Hathaway St suite 35		City Providence	State RI Zip 02907
6. Brief description of the character of business conducted in Rhode Island To propagate the Doctrine of Christianity to preach and extend the love of God to all to teach the morals of Jesus			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Agustin Reyes		Vice-President Name Minely Reyes	
Street Address 95 Hathaway St Suite 35		Street Address 191 Reynolds Av Apt 2	
City Providence	State RI	City Providence	State RI Zip 02905
Secretary Name Minely Reyes		Treasurer Name	
Street Address 191 Reynolds Av Apt 2		Street Address	
City Providence	State RI	City	State RI Zip
8. 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 Agustin Reyes		Director Name Adalgisa Calcano	
Street Address 191 Reynolds Av Apt 2		Street Address 17 Massie Av 2F1005	
City Providence	State RI	City Providence	State RI Zip 02905
Director Name Teresita Severino		Director Name Mariano Rojas	
Street Address 91 Henry Av		Street Address 22 Pleasant St	
City Central Falls	State RI	City Providence	State RI Zip 02906
9. 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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 12 2014 1:06

By 226245

KmC

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.

Minely Reyes
Signature of Officer

6-12-14
Date

Minely Reyes
Print or Type Name of Officer

Title of Officer