



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000147832

2. Name of Corporation CENTRO CRISTIANO LA CASA DE LA ROCA

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 19660

City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROEACH AND DEMONSTRATE THE FULL GOSPEL OF JESUS CHRIST AS REVEALED
IN THE NEW TESTAMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAIME HIRMAS	29 LEADING ST JOHNSTON, RI 02919 USA
SECRETARY	MIRIAM HIRMAS	29 LEADING STREET JOHNSTON, RI 02919 USA

VICE PRESIDENT	DONALD KIMBALL	144 LEETES ISLAND ROAD GUILFORD, CT 06437 USA
DIRECTOR	REBECA MARSHALL	5 HAROLD ST RIVERSIDE, RI 02915 USA
DIRECTOR	JORGE HIRMAS	307 DEL ROY DRIVE SAN MARCOS, CA 92069 USA
DIRECTOR	SHEILA KIMBALL	144 LEETES ISLAND ROAD GUILFORD, CT 06437-3002
DIRECTOR	REBECA MARSHALL	134 VINE ST EAST PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAIME HIRMAS 29 LEADING STREET JOHNSTON , RI 02919

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of June, 2014 at 9:20:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAIME HIRMAS
Signature of Authorized Person

Form No. 631
Revised 09/07

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