



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

2014 JUL 11 10:10
CORPORATIONS DIV

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. 39066		2. Exact name of the Corporation Iglesia Apostolica del Nombre de Jesucristo	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Cristian Religion activities.	
5. Principal office address 519 Power Road		City Pawtucket	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Rafael J. Taveras		Vice-President Name Victor Reyes	
Street Address 205 Ocean ST.		Street Address 121 Summit ST.	
City Providence	State RI	City Central Fall	State RI
Zip 02905		Zip 02863	
Secretary Name Fredy Reyes		Treasurer Name	
Street Address 123 Summit ST.		Street Address	
City Central Fall	State RI.	City	State
Zip 02863		Zip	
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 Victor Reyes		Director Name Fredy REYES	
Street Address 121 Summit ST.		Street Address 123 SUMMIT ST	
City Central Fall	State RI	City CENTRAL FALL	State RI
Zip 02863		Zip 02863	
Director Name Carlos F. Aldana R.		Director Name	
Street Address 9 Av. O-012.1		Street Address	
City MIXCO	State Guatemala	City	State
Zip 01037		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

39066

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

FILED
JUL 11 2014

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.

Rafael J. Taveras 7-10-14
Signature of Officer or Authorized Representative Date

BY **HL228272** **Rafael J. Taveras.**
10:10
Print or Type Name of Officer or Authorized Representative