



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	Zip 02905	City Central Fall	State RI	Zip 02863
Secretary Name Fredy Reyes			Treasurer Name		
Street Address 123 Summit St.			Street Address		
City Central Fall	State RI	Zip 02863	City	State	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	Zip 02863	City CENTRAL FALL	State RI	Zip 02863
Director Name Carlos F. Aldana R.			Director Name		
Street Address 9 Av. O-01 Z.1			Street Address		
City MIXCO	State Guatemala	Zip 01057	City	State	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 **HL 228277** **Rafael J. Taveras.**
 Print or Type Name of Officer or Authorized Representative

10:10