



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. 694267		2. Exact name of the Corporation Christian Coalition for Political Action			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO INVOLVE the Christian Community in the Political Activities of the State of RI			
5. Principal office address 677 Cranston Street		City Providence	State RI	Zip 02907	
6. OFFICERS' NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)					
President Name EULOGIO ACEVEDO		Vice-President Name DR. JENNY ROSARIO			
Street Address 69 Woodman Street		Street Address 194 Narragansett Blvd			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name DR. JULIO SABATER		Treasurer Name Rafael Galarza			
Street Address 155 MOSTASSUCK Street		Street Address 730 Potters Avenue			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT)					
Director Name MARCELYN ALBA ACEVEDO		Director Name JOSE ACEVEDO			
Street Address 677 Cranston St.		Street Address 160 Benedict St. Ap. 201			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name DR. MILLY SABATER		Director Name JOSE SANGIOVANNI			
Street Address 155 MOSTASSUCK ST.		Street Address 774 Hartford Ave			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02909
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
 JUL 29 2014
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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.

X 7/29/2014
 Signature of Officer or Authorized Representative Date
 EULOGIO ACEVEDO
 Print or Type Name of Officer or Authorized Representative