



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.** 000110533

**2. Name of Corporation** Iglesia Embajada de Cristo

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1964 SMITH STREET

City or Town: NORTH PROVIDENCE State: RI Zip: 02911 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**

CHURCH

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	ALICIA MENDEZ	2 APRIL COURT PROVIDENCE, RI 02908 USA
SECRETARY	CHRISTINE MENDEZ	2 APRIL COURT PROVIDENCE, RI 02908 USA
PRESIDENT	EDWARD MENDEZ	2 APRIL COURT

		PROVIDENCE, RI 02908- USA
VICE PRESIDENT	ALICIA MENDEZ MRS.	2 APRIL COURT PROVIDENCE, RI 02908 USA
DIRECTOR	ZULEIKA VIDAL	203 RUTHERGLEN PROVIDENCE, RI 02907 USA
DIRECTOR	CHRISTOPHER MENDEZ	80 WISDOM AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	LOIDA QUIRINDONGO	155 TREMONT ST CENTRAL FALLS, RI 02863 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**

EDWARD MENDEZ 68 ALTHEA STREET PROVIDENCE , RI 02907

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

**Signed this 2 Day of October, 2014 at 9:41:38 PM 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 ALICIA MENDEZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07