



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 2013

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. 000793041		2. Exact name of the Corporation Iglesia Cristiana Betania	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to help the community in the religious area so that they are able to have a better life	
5. Principal office address 215 Forest Ave.		City Middletown	State RI
		Zip 02842	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Julia Morales		Vice-President Name Auder Aldana Sr	
Street Address 9 Rodman St.		Street Address 9 Rodman St.	
City Pro.	State RI	Zip 02907	
Secretary Name Betzadía Morales		Treasurer Name Auder Aldana Jr.	
Street Address 12 Ravitan St.		Street Address 9 Rodman St.	
City Pro.	State RI	Zip 02909	
City Pro.	State RI	Zip 02907	
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 Rose Aldana		Director Name Julia Morales	
Street Address 9 Rodman St.		Street Address 9 Rodman St.	
City Pro.	State RI	Zip 02907	
Director Name Auder Aldana		Director Name	
Street Address 9 Rodman St.		Street Address	
City Pro.	State RI	Zip 02907	
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.			

DEC 19 PM 2:07
 CORPORATIONS DIV

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

FILED

DEC 19 2014

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2:08

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.
 Signature of Officer or Authorized Representative *[Signature]* Date **12/19/14**

File Date _____
 Check No _____
 By _____
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