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**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. | 2. Exact name of the Corporation |
|---|---|
| 799288 | IGLESIA PENTECOSTAL ENFRENTANDO TUS HERIDAS |
| 3. State of Incorporation: RI | 4. Brief description of the character of business conducted in Rhode Island: TO PERFORM RELIGIOUS CEREMONIES |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 470 UNION AVENUE 2ND FL | PROVIDENCE | RI | 02909 |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| CARMEN D NOVA | 470 UNION AVENUE 2ND FL | PROVIDENCE | RI | 02909 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

SECRETARY OF STATE CORPORATIONS DIV 2015 MAR -5 AM 10: 25

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ANA L GARCIA | 174 LAUREL HILL AVENUE 3RD FL | PROVIDENCE | RI | 02909 |
| ISAAC X LOPEZ SANTOS | 470 UNION AVENUE 2ND FL | PROVIDENCE | RI | 02909 |
| WENDELY RODRIGUEZ-NOVA | 470 UNION AVENUE 2ND FL | PROVIDENCE | RI | 02909 |
| CARMEN D NOVA | 470 UNION AVENUE 2ND FL | PROVIDENCE | RI | 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*

10:25 AM
**File Date** _____ **FILED**
**Check No** _____ MAR 05 2015
**By:** _____
**FOR SECRETARY OF STATE USE ONLY** By 243871 KM

**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.**

Carmen D. Nova 2/26/15
Signature of Officer or Authorized Representative Date

Carmen D. Nova 2/26/15
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
117842-2-989562