RI SOS Filing Number: 201561391330 Date: 05/04/2015 4:00 PM

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 2015

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
354822	Iglesia Pent 2nda Cor 5:17 Pentecostal Church 2nda Cor 5:17
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Predicar el Evangelio a todos el Mundo

5. Principal office address	City	State	Zip
1361 Broad St Central Fall	Central Fall	RI	

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

President Name	Street Address	City	State	Zip
Martin Capeles	10 George St apt 17	Pawtucket	RI	02862

Vice-President Name	Street Address	City	State	Zip
Milagros Rivera	10 George St apt 17	Pawtucket	RI	02862

Secretary Name	Street Address	City	State	Zip
Nataneal Capeles	49 Wester St apt 43	Pawtucket	RI	02862

Treasurer Name	Street Address	City	State	Zip
Martin Capeles JR	136 Harrison St apt 8	Pawtucket	RI	02862

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
Leonor Quiñones	49 Wester St apt 43	Pawtucket	RI	02862

Director Name	Street Address	City	State	Zip
Omaralis arroyo	136 Harrison St apt 8	Pawtucket	RI	02862

Director Name	Street Address	City	State	Zip
Jaqueline Ojeda	20 Weeden St	Pawtucket	RI	02862

Director Name	Street Address	City	State	Zip
noe ojeda	20 Weeden St	Pawtucket	RI	02862

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
MAY 04 2015
By 248174
A.A.

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.

Martin Capeles 5/4/15
Signature of Officer or Authorized Representative — Date

Pastor. Martin Capeles
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120477-1-1033042