



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. 354822		2. Exact name of the Corporation Iglesia Pent 2nda 605:17 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 1361 Broadst Central Fall		City Central Fall		State RI	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Martin Capeles			Vice-President Name Milagros Rivera		
Street Address 10 George St apt 17			Street Address 10 George St apt 17		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI	Zip 02862
Secretary Name Natanael Capeles			Treasurer Name Martin Capeles Jr		
Street Address 49 Wester St apt 43			Street Address 136 Harrison St apt 8		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI	Zip 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 Leonor Quinones			Director Name Damaris Arroyo		
Street Address 49 Wester St apt 43			Street Address 136 Harrison St apt 8		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI	Zip 02862
Director Name Jaqueline Ogeda			Director Name Noe Ogeda		
Street Address 20 Weeden St			Street Address 20 Weeden St		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI	Zip 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
Form 641
Revised: 04/2014

FILED

MAY 04 2015

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