



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. 631421		2. Exact name of the Corporation Iglesia Pentecostal Unidad Nuevo Pacto			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 699 Dexter St.		City Central Falls	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)					
President Name Narciso Romero			Vice-President Name Giovanni Cruz		
Street Address 699 Dexter St. 1st Fl			Street Address 13 Maple St.		
City Central Falls	State RI	Zip 02863	City Attleboro	State MA	Zip 02703
Secretary Name Claire Cruz			Treasurer Name Stefanie Bermudez		
Street Address 31 Kennedy St.			Street Address 29 Ashton St.		
City Woonsocket	State RI	Zip 02895	City Pawtucket	State RI	Zip 02812
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name Julio Vargas			Director Name Narciso Romero		
Street Address 387 Georse Arden Ave.			Street Address 699 Dexter St. FL1		
City Warwick	State RI	Zip 02886	City Central Falls	State RI	Zip 02863
Director Name Giovanni Cruz			Director Name		
Street Address 13 Maple St.			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
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

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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.

Claire Cruz 6-19-15
 Signature of Officer or Authorized Representative Date

Claire Cruz - Secretary
 Print or Type Name of Officer or Authorized Representative