RI SOS Filing Number: 201577319290 Date: 09/02/2015 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
36369	Iglesia Pentecostal Rosa de Saron

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Church

5. Principal office address	City	State	Zip
780 Potters Ave	Providence	R.I	02907

2015 SEP -2 PM 12:26
RECEIVED SECRETARY OF STATE CORPORATIONS DIV

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

President Name: Rafael Galarza			Vice-President Name: Ada Carrillo		
Street Address: 91 Friendly Rd. C			Street Address: 56 Alverson		
City: Cranston	State: R.I	Zip: 02910	City: Providence	State: R.I	Zip: 02909
Secretary Name: Elvira Lebron			Treasurer Name: Yolanda Galarza		
Street Address: 67 Phenix Ave.			Street Address: 91 Friendly Rd.		
City: Warwick	State: R.I	Zip: 02893	City: Cranston	State: R.I	Zip: 02910

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

Director Name: Vanessa Galarza			Director Name: Eulogio Acevedo		
Street Address: 91 Friendly Rd			Street Address: 677 Cranston St		
City: Cranston	State: R.I	Zip: 02910	City: Providence	State: R.I	Zip: 02907
Director Name: Maria Morales			Director Name: Mary Fernandez		
Street Address: 100 Adwell Ave			Street Address: 660 Park Ave		
City: Providence	State: R.I	Zip: 02908	City: Cranston	State: R.I	Zip: 02910

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

FILED
SEP 02 2015

File Date
Check No 7197758
By
FOR SECRETARY OF STATE USE ONLY

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.

Rafael Galarza 9/2/2015
Signature of Officer or Authorized Representative — Date

RAFAEL GALARZA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 04/2014

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