



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. 36369		2. Exact name of the Corporation Iglesia Pentecostal Rosa de Sarin	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church	
5. Principal office address 780 Potters Ave		City Providence	State R.I. Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒			
President Name RAFAEL GALARZA		Vice-President Name Hda 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 02900
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 Acouedo	
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

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.

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

RAFAEL GALARZA
Print or Type Name of Officer or Authorized Representative