



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. 46839		2. Exact name of the Corporation IGLESIA PENTECOSTAL NUEVA VIDA EN CRISTO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal office address 144 BROAD STREET		City PAWTUCKET		State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOSE F. CARDONA			Vice-President Name FRANCISCO PERALTA		
Street Address 63 WHIPPLE AVE.			Street Address 79 PARK AVE		
City CRANSTON	State RI	Zip 02920	City ATTLEBORO	State MA	Zip 02703
Secretary Name CARMEN CEPEDA			Treasurer Name CARMEN CEPEDA		
Street Address 29 HENDRICKS STREET			Street Address 29 HENDRICKS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name CARMEN CARDONA			Director Name SUSANA CANDELARIO		
Street Address 63 WHIPPLE AVE			Street Address 10 FLETCHER STREET		
City CRANSTON	State RI	Zip 02920	City CENTRAL FALLS	State RI	Zip 02863
Director Name CARMEN PERALTA			Director Name CARMEN COLON		
Street Address 79 PARK STEET			Street Address 10 FLETCHER STREET		
City ATTLEBORO	State MA	Zip 02703	City CENTRAL FALLS	State RI	Zip 02863
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

JAN 27 2016

BY *MS 64219*

10:01

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.

Jose F Cardona 1/25/16
Signature of Officer or Authorized Representative Date

PASTOR/JOSE F. CARDONA

Print or Type Name of Officer or Authorized Representative