



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 2016

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. 163370		2. Exact name of the Corporation Iglesia Evangelica Primitiva			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island OUR MISSION IS to Preach the Revation of JESUS AN IMPAC the WORLD.			
5. Principal office address 65 Goff Ave		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Leonel Areche			Vice-President Name Enrique Metimer Medunda		
Street Address 188 Mineral Spring AV			Street Address 188 Mineral Spring AV		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Bianca S. Oganolo			Treasurer Name Olga Trunida		
Street Address 188 Mineral Spring P			Street Address 16 Pound St		
City Pawtucket	State RI	Zip 02860	City C. Falls	State RI	Zip 02863
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jalisha Rodriguez			Director Name Fredesvando Moquete		
Street Address 365 Prospect St			Street Address 123 Manton AV		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02907
Director Name Nancy Trinidad			Director Name DARIO Severino		
Street Address 16 Pound St			Street Address 16- Pound St		
City C. Falls	State RI	Zip 02863	City C 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
BY Ch 208106

FILED

FEB 22 2016

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.

Signature of Officer or Authorized Representative

Date

Leonel Areche

Print or Type Name of Officer or Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB 22 AM 10:39