



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. <u>163370</u>		2. Exact name of the Corporation <u>Iglesia Evangelica Primitiva</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>OUR MISSION IS TO Preach the Revelation of JESUS AN IMPACT THE WORLD.</u>	
5. Principal office address <u>65 Goff Ave</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Leonel Areche</u>		Vice-President Name <u>Enrique Metiner Medunda</u>	
Street Address <u>188 Mineral Spring AV</u>		Street Address <u>188 Mineral Spring AV</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Bianca S. Oganolo</u>		Treasurer Name <u>Olga Trujillo</u>	
Street Address <u>188 Mineral Spring P</u>		Street Address <u>16 Pound St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>C. Falls</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02863</u>	Zip <u>02863</u>
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 <u>Jalisha Rodriguez</u>		Director Name <u>Fredesvando Moquete</u>	
Street Address <u>365 Prospect St</u>		Street Address <u>123 Manton AV</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02907</u>	
Director Name <u>Nancy Trinidad</u>		Director Name <u>DARIO SWEINNO</u>	
Street Address <u>16 Pound St</u>		Street Address <u>16- Pound St</u>	
City <u>C. Falls</u>	State <u>RI</u>	City <u>C FALLS</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02863</u>	
8. REGISTERED AGENT IN RHODE ISLAND			

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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: _____
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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 2/22/16

10:42
Leonel Areche
 Print or Type Name of Officer or Authorized Representative