RI SOS Filing Number: 201692798200 Date: 02/22/2016 10:40 AM

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 2013

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
163370	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 Inpac 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) ☐

President Name: Leonel Areche	Vice-President Name: Enrique Metinez Meduda
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. Oganado	Treasurer Name: Olga Trinida
Street Address: 188 mineral spring P	Street Address: 16 pound St
City: Pawtucket, State: RI, Zip: 02860	City: C. Falls, State: RI, Zip: 02863 02863

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

Director Name: Jalisha Rodriguez	Director Name: Fredesvinda 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

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

File Date	FILED
Check No	FEB 22 2016
By:	
FOR SECRETARY OF STATE USE ONLY BY	m268106 10:40

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

Leonel Areche
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

132793-6-1072129