

"Amended"



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. 000968504		2. Exact name of the Corporation Iglesia de Jesucristo Union y Poder Rios de agua Viva			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 101 Higgins Rd Suite 105		City Lincoln	State RI	Zip 02865	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Mayra Reyes		Vice-President Name Rida T. Garcia			
Street Address 8870 Sector Fito Valle		Street Address 19 Saroset Ave			
City Buenaville	State PR	Zip 00678	City Central Falls	State RI	Zip 02863
Secretary Name Ana Garcia		Treasurer Name Ana Garcia			
Street Address 35 Showmut Ave 3FL		Street Address 35 Showmut Ave 3FL			
City Central Falls	State RI	Zip 02863	City Central 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 checked="" type="checkbox"/>					
Director Name Mayra Reyes		Director Name Rida Garcia			
Street Address Sector Fito valle 8870		Street Address 19 Saroset Ave			
City Buenaville	State RI	Zip 00678	City Central Falls	State RI	Zip 02863
Director Name Martin Inoa		Director Name			
Street Address 26 Ledge St		Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip
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 or Trustee

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 25 2016 11:42

By \_\_\_\_\_

Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true and correct.

Rida T. Garcia 2/25/16  
Signature of Officer or Authorized Representative Date

Rida T. Garcia  
Print or Type Name of Officer or Authorized Representative

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