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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

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CORPORATIONS DIV
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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.	2. Exact name of the Corporation		
831705	Iglesia Casa de oracion Jehova Elohim		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	62 Ruthbun ST Church is a Domestic Non-Profet Corporation - Christian Education		
5. Principal office address	City	State	Zip
	Woonsocket	RI	02895

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Elias Rojas	Aileen I Rojas
Street Address: 148 Bourdon Blvd	Street Address: 148 Bourdon BLvd
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Secretary Name	**Treasurer Name**
Lymarie N. Pares	Atabel Cruz
Street Address: 38 Fountain ST	Street Address: 240 Rock Ridge Dr.
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895

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

Director Name	Director Name
Josue Escalera	Linda Diaz
Street Address: 38 Fountain ST	Street Address: 245 Morin heights
City: Woonsocket State: RI Zip: 02895	City: Woonsocket State: RI Zip: 02895
Director Name	Director Name
	Kathrie Cristobal
Street Address	Street Address: 194 Bourdon Blvd
City State Zip	City: Woonsocket State: RI Zip: 02895

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

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MAR 08 2016
By 269545

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.

Aileen I Rojas 3-8-16
Signature of Officer or Authorized Representative Date

Aileen I Rojas
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
133662-3-1061470