



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000790154

2. Name of Corporation Restaurando Vidas #1

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 24 AUGUST STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HELP PEOPLE TO CHANGE THEIR LIFE AND TO PREACH THE GOSPEL exclusively for religious purposes

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWIN CRUZ	24 AUGUST ST. PROVIDENCE, RI 02908 USA
TREASURER	LUIS A GARCIAS	213 ADAM WARWICK, RI 02888 USA

SECRETARY	REBECA CRUZ	24 AUGUST STREET PROVIDENCE, RI 02908 USA
VICE PRESIDENT	REBECA CRUZ	24 AUGUST STREET PROVIDENCE, RI 02908 USA
DIRECTOR	LUIS A GARCIAS	213 ADAM ST WARWICK, RI 02888 USA
DIRECTOR	IVAN RAMIREZ	100 GESLER STREET PROVIDENCE, RI 02909 USA
DIRECTOR	CRISTINA RIVERA	71 WENDELL STREET PROVIDENCE, RI 02909 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

EDWIN CRUZ 24 AUGUST STREET PROVIDENCE , RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of March, 2016 at 10:41:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDWIN CRUZ
Signature of Authorized Person

Form No. 631
Revised 09/07