



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 2016

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. 000568742		2. Exact name of the Corporation Iglesia de Cristo Casa de Jubilo			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To teach and preach the Gospel of Jesus Christ and to worship God in spirit and truth.			
5. Principal office address 11 Comstock Pkwy		City Cranston	State RI	Zip 02921	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ervin Galindo		Vice-President Name -			
Street Address 81 Victoria St.		Street Address -			
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Veronica Galindo		Treasurer Name Francisco Gramajo			
Street Address 81 Victoria St.		Street Address 30 Ponagansett Ave. #1			
City Providence	State RI	Zip 02901	City Providence	State RI	Zip 02908
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 Ervin Galindo		Director Name Francisco Gramajo			
Street Address 81 Victoria St.		Street Address 30 Ponagansett Ave. #1			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Director Name Veronica Galindo		Director Name Sandra Bamez			
Street Address 81 Victoria St.		Street Address 391 Jastam St. #1			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
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

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.

FILED

MAY 12 2016

By: 274158
A.A.

Signature of Officer or Authorized Representative: [Signature] Date: 5/12/16

Print or Type Name of Officer or Authorized Representative: Veronica Galindo