



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

Non-Profit Corporation Annual Report for the year: 2016

2016 MAY 17 PM 1:32

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000023133		LA IGLESIA DE DIOS, INC. (THE CHURCH OF GOD, INC.)			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
P.R.		PRESENT AND STABLISH MORE PERFECT DOCTRINES OF CHRIST AND HIS APOSTLES. SPREAD THE GOSPEL OF JESUS CHRIST.			
5. Principal Office Address		City	State	Zip	
66 PRIMROSE DRIVE		EAST HARTFORD	CT.	06118	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name		Vice-President Name			
REV. VICTOR M. SANTANA		REV. RICARDO CONDE			
Street Address		Street Address			
P.O. BOX 1042		HC 02 BOX 41413			
City	State	Zip	City	State	Zip
GURABO	P.R.	00778	San LORENZO	P.R.	00754
Secretary Name		Treasurer Name			
REV. ISRAEL GARCIA		REV. GLORIA E. MARTINEZ			
Street Address		Street Address			
CARRETERA No. 172 OHM-4		P.O. BOX 9045			
City	State	Zip	City	State	Zip
CAGUAS	P.R.	07225	CAGUAS	P.R.	00726
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name		Director Name			
Presbitero: REV. ERIC LOPEZ		SECRETARY: PASTOR LUIS TOLEDO			
Street Address		Street Address			
66 PRIMROSE DRIVE		118 OAK ST.			
City	State	Zip	City	State	Zip
EAST HARTFORD	CT.	06118	MANCHESTER	CT.	06040
Director Name		Director Name			
TREASURER: REV. AGUSTIN GARCIA					
Street Address		Street Address			
244 ROCHAMBEAU ST.					
City	State	Zip	City	State	Zip
NEW BEDFORD	MA.	02745			
8. Registered Agent in Rhode Island: This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
AGUSTIN GARCIA				5-16-2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

MAY 17 2016

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