State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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2016 MAY 17 PM 1:32

Non-Profit Corporation Annual Report for the year: 2016

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 JESUSCHRIST.

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: REV. VICTOR M. SANTANA			Vice-President Name: REV. RICARDO CONDE		
Street Address: P.O. BOX 1042			Street Address: HC 02 BOX 41413		
City: GURABO	State: P.R.	Zip: 00778	City: SAN LORENZO	State: P.R.	Zip: 00754
Secretary Name: REV. ISRAEL GARCIA			Treasurer Name: REV. GLORIA E. MARTINEZ		
Street Address: CARRETERA NO. 172 OHM. 4			Street Address: P.O. BOX 9045		
City: CAGUAS	State: P.R.	Zip: 07225	City: CAGUAS	State: P.R.	Zip: 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: Presbitero: REV. ERIC LOPEZ			Director Name: SECRETARY: PASTOR LUIS TOLEDO		
Street Address: 66 PRIMROSE DRIVE			Street Address: 118 OAK ST.		
City: EAST HARTFORD	State: CT.	Zip: 06118	City: MANCHESTER	State: CT.	Zip: 06040
Director Name: TREASURER. REV. AGUSTIN GARCIA			Director Name:		
Street Address: 244 ROCHAMBEAU ST.			Street Address:		
City: NEW BEDFORD	State: MA.	Zip: 02745	City:	State:	Zip:

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

BY 10152016 1:34

Form No. 631
Revised: 2016