



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

2016 MAY 17 PM 4:19

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			
000518716		Igl. Jehova mi Libertados			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		To preach The Gospel of Salvation To Every Person			
5. Principal Office Address		City	State	Zip	
626 Park Ave		Cranston	RI	02907	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name		Vice-President Name			
Carmen M Gonzalez		Jose L. Gonzalez			
Street Address		Street Address			
146 Bourdon Blvd		125 Johnson St apt 3			
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Pattucket	RI	02860
Secretary Name		Treasurer Name			
Venera Reyes					
Street Address		Street Address			
202 Morin Heights					
City	State	Zip	City	State	Zip
Woonsocket	RI	02895			
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			
Carmen M Gonzalez		Jose L. Gonzalez			
Street Address		Street Address			
146 Bourdon Blvd		125 Johnson St apt 3			
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Pattucket	RI	02895
Director Name		Director Name			
Venera Reyes					
Street Address		Street Address			
202 Morin Heights					
City	State	Zip	City	State	Zip
Woonsocket	RI	02895			
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	
Carmen M Gonzalez				May 17, 2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
Carmen					

FILED

MAY 17 2016

BY CU 274588