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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CORPORATIONS DIV
2016 MAY 17 PM 4:19

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
000518716	Iglesia Jehova mi Libertador
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: Carmen M Gonzalez	Vice-President Name: Jose L Gonzales
Street Address: 146 Bourdon Blv	Street Address: 125 Johson St apt 3
City: Woonsocket State: RI Zip: 02895	City: Pactucket State: RI Zip: 02860
Secretary Name: Venesa Reyes	Treasurer Name:
Street Address: 202 Morin Heights	Street Address:
City: Woonsocket State: RI Zip: 02895	City: State: Zip:

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: Carmen M Gonzalez	Director Name: Jose L Gonzalez
Street Address: 146 Bourdon Blvd	Street Address: 125 Johson St apt 3
City: Woonsocket State: RI Zip: 02895	City: Patucket State: RI Zip: 02895
Director Name: Venesa Reyes	Director Name:
Street Address: 202 Morin Heights	Street Address:
City: Woonsocket State: RI Zip: 02895	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
Carmen M Gonzalez	May 17, 2016

Signature of Officer/Authorized Representative: Carmen M Gonzalez SIGN DOCUMENT HERE

FILED
MAY 17 2016
STAMP
BY 274588

Form No. 631
Revised: 2016