RI SOS Filing Number: 201699109540 Date: 05/18/2016 4:00 PM

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SECRETARY OF STATE
CORPORATIONS DIV

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

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
796933	Iglesia Pentecostal Puerta Del Cielo
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	The Porpuse of out organitation is To preach the word of God, To help out Comunity In need

5. Principal Office Address	City	State	Zip
561 Pine ST	Central Falls	RI	02863

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Carlos Salazar			Vice-President Name: Aura Cruz		
Street Address: 129 Summer ST			Street Address: 129 Summer ST		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863
Secretary Name: Irma J Pineda			Treasurer Name: Alba Jeanneth Salazar		
Street Address: 119 Summer ST			Street Address: 129 Summer ST		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863

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

Director Name: Miguel Morales			Director Name: Ingrid Pineda		
Street Address: 119 Summer ST			Street Address: 34 wetmore ST		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863
Director Name			Director Name: Juan Lopez		
Street Address			Street Address: 34 wetmore ST		
City	State	Zip	City: Central Falls	State: RI	Zip: 02863

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
Irma Pineda	05/18/2016

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
MAY 18 2016
By 274625

Form No. 631
Revised: 2016
137080-1-1120055