



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000675517

2. Name of Corporation IGLESIA CRISTIANA VIDA, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 530 SMITH STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ESTABLISH A CONGREGATION IN THE STATE OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ERICK E ESTRADA	61 BROWNE STREET CRANSTON, RI 02920 USA
TREASURER	IRENE PINEDA	39 HAROLD STREET PROVIDENCE, RI 02908 USA
SECRETARY	GENESIS SOSA	251 KILLINGLY STREET

		PROVIDENCE, RI 02909 USA
VICE PRESIDENT	CLAUDIA PINEDA	61 BROWNE STREET CRANSTON, RI 02920 USA
DIRECTOR	CESAR RIVERA	45 SISSON STREET PROVIDENCE, RI 02909 USA
DIRECTOR	MAYRA RIVERA	45 SISSON STREET PROVIDENCE, RI 02909 USA
DIRECTOR	OSCAR PINEDA	39 HAROLD STREET PROVIDENCE, RI 02908 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

EUROSINA PACHECO 1243 MINERAL SPRING AVENUE, SUITE 206 NORTH PROVIDENCE , RI
02904

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2016 at 12:44:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ERICK ESTRADA
Signature of Authorized Person

Form No. 631
Revised 09/07

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