RI SOS Filing Number: 201600588530 Date: 06/13/2016 4:00 PM

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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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 13 AM 11:36

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
506731	Iglesia Pentecostal Como el Arpa de David Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Providence	To praised and Serve the lord.

5. Principal Office Address	City	State	Zip
95 Hathaway St Suite 53	Providence	RI	02907

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

President Name	Vice-President Name
Rev. Maria de Lourdes Cruz	Rev. Luis Burgos
Street Address 8 Sumner Ave	Street Address 8 Sumner Ave
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Secretary Name Maria Pizarro	Treasurer Name Maria Luisa Figueroa
Street Address 8 Sumner Ave	Street Address 8 Sumner Ave
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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
Cynthia Leon	Emma Rodriguez
Street Address 8 Sumner Ave	Street Address 69 Ledge St
City Cranston State RI Zip 02920	City providence State RI Zip 02904
Director Name Isabel Murphy	Director Name Hipolito Santiago
Street Address 450 Academy Ave	Street Address 8 Sumner Ave
City providence State RI Zip 02908	City Cranston State RI Zip 02920

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
Rev Maria de Lourdes Cruz	6-13-16

Signature of Officer/Authorized Representative
Rev. Maria de Lourdes Cruz SIGN DOCUMENT HERE

FILED
JUN 13 2016
By 216502
A.A.

Form No. 631
Revised: 2016

138006-1-1120381