



State of Rhode Island and Providence Plantings
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 17 AM 11:30

1. Entity ID Number 513131		2. Exact name of the Corporation Iglesia Evangelica Emanuel	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island: Preach the gospel of the Kingdom and win according to the thousands of people for Jesus. Renew our mind according to the Bible's teachings and help others be transformed and get a better life.	
5. Principal Office Address 189 Central Avenue		City Johnston	State RI
		Zip 02919	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Tomas Tineo		Vice-President Name Rev. Piscilla Tineo	
Street Address 189 Central Avenue		Street Address 189 Central Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Luz-hizette Alvarez		Treasurer Name Onelia Bamias	
Street Address 97 Hoffman Avenue		Street Address 65 Lawrence Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Piscilla Tineo		Director Name Rudy Bamias	
Street Address 189 Central Avenue		Street Address 65 Lawrence Street	
City Johnston	State RI	City Cranston	State RI
Zip 02919		Zip 02920	
Director Name Tomas Tineo		Director Name Onelia Bamias	
Street Address 189 Central Avenue		Street Address 65 Lawrence Street	
City Johnston	State RI	City Cranston	State RI
Zip 02919		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Luz-hizette Alvarez		Date 6-17-2016	
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 17 2016

BY CU 276919

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov