



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 15 PM 4:27

1. Entity ID Number 000794657		2. Exact name of the Corporation IGLESIA DE DIOS PENTECOSTAL UNIDOS POR EL ESPIRITU SANTO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXEMPT RELIGIOUS PURPOSE			
5. Principal Office Address 1 BENEDICT ST		City Providence		State RI	Zip 02907
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cayetano Chach Ramos		Vice-President Name Miguel Nix			
Street Address 117 ALVerson AV		Street Address 70 Julian ST			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Ana Julia Nix		Treasurer Name Ramiro Alonzo			
Street Address 265 webster AVE		Street Address 206 HANOVER ST			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Domingo castro		Director Name Pascual Ramos			
Street Address 143 wendell ST		Street Address 168 Wood ST			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Ramiro Alonzo		Director Name Sebastian Nix			
Street Address 206 Hanover ST		Street Address 265 webster AVE			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Cayetano Chach-Ramos				Date 6/15/16	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

JUN 15 2016

BY Ch 276932