



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUN 22 AM 8:42

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	
747367		Iglesia movimiento Pentecostal Cristo Reina.	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Preaching & Reaching the soul through the word of God	
5. Principal Office Address		City	State
130 Admiral St. Providence, R.I. 02908		Providence	R.I.
		Zip	02908
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name	
Jorge Luis Concepcion		Carmen - Concepcion	
Street Address		Street Address	
18 Poland St.		18 Poland St.	
City	State	City	State
Webster,	Ma.	Webster,	Ma.
Zip	01570	Zip	01570
Secretary Name		Treasurer Name	
Yeydaliz Concepcion		Hiram. M. Santana	
Street Address		Street Address	
18 Poland St.		98 Knowles St.	
City	State	City	State
Webster,	Ma.	Pawtucket	R.I.
Zip	01570	Zip	02860
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		Director Name	
Jorge Luis Concepcion Jr		Hiram. M. Santana	
Street Address		Street Address	
18 Poland St.		98 Knowles St.	
City	State	City	State
Webster	Ma.	Pawtucket	R.I.
Zip	01570	Zip	02860
Director Name		Director Name	
Yeydaliz Concepcion			
Street Address		Street Address	
18 Poland St.			
City	State	City	State
Webster,	Ma.		
Zip	01570	Zip	
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
Carmen Concepcion			6-22-2016
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 22 2016

By 277251
 A.A.