

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

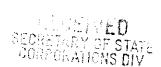
Annual Report for the year:

**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.



2016 JUL -6 AM 9: 35

1. Entity ID Number	2. Exact name of the Corporation  Iglesia Evan Jelica Penterostal Jesucristo			
000505125	manantial	le vida.		
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island			
RI	Non 200 Fit org. Preaching word of God.			
5. Principal Office Address		City	State	Zip
197 Unit S+		Providence	ej_	02909
6. List ALL officers (names and a	addresses)	Check the box to indicate an attachment		
President Name	a carrasura	Vice-President Name LOXOMA CONTUS COZA		
Street Address 97 UNi	+5+	Street Address		
Drovi lence	State Zip 2909	City provi dence	State CT	Zip 07909
Secretary Name Victor VY120		Treasurer Name		
Street Address		Street Address 2 ( Charter 5+		
city John Ston	State Zip Zq 19	city hinston	State	zip07919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name	(arro5107a	Director Name Wo Yana Carras Ma		
Street Address	- 1	Street Address 197 unit 5+		
City Moulden @	State Zip C1919	City poul donce	State & T	CZ909
Director Name	ri7ar_	Director Name Juni Carrascara		
Street Address	(r	Street Address 21 Charky 84		
City Chn 5 ton	State Zip 02919	city Johnston	State	2ip 0294
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 Rep		Date	′ / ′	
Viento Corasoza 7-6-16				
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016