



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000107945

2. Name of Corporation CHURCH OF GOD PENIEL

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 91 MONTGOMERY STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PREACH THE GOSPEL OF JESUS CHRIST THROUGH ALL MEANS POSSIBLE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	HEIDI YOHANA DELEON	30 VALLEY ST APT 6 CENTRAL FALLS, RI 02863 USA
PRESIDENT	ROBERTO CALZADA	1210 HIGH STREET CENTRAL FALLS, RI 02863 USA
VICE PRESIDENT	JEANNIE CALZADA	1210 HIGH ST

		CENTRAL FALLS, RI 02863
ASSISTANT SECRETARY	MARTHA M CALZADA	1210 HIGHS T CENTRAL FALLS, RI 02863 USA
DIRECTOR	JOHN ROBERT CALZADA	30 VALLEY ST APT 6 CENTRAL FALLS, RI 02863 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERTO CALZADA 91 MONTGOMERY STREET PAWTUCKET , RI 02860

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of July, 2016 at 2:40:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERTO CALZADA
Signature of Authorized Person

Form No. 631
Revised 09/07

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