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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

FILED 2016 JUL 22 PM 1:35 OFFICE OF SECRETARY OF STATE PROVIDENCE RI

1. Entity ID No.	2. Exact name of the Corporation
46839	**IGLESIA PENTECOSTAL NUEVA VIDA EN CRISTO**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**CHURCH**

5. Principal office address	City	State	Zip
144 BROAD STREET	**PAWTUCKET**	**RI**	**02860**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JOSE F. CARDONA	**63 WHIPPLE AVE.**	**CRANSTON**	**RI**	**02920**

Vice-President Name	Street Address	City	State	Zip
FRANCISCO PERALTA	**79 PARK AVE**	**ATTLEBORO**	**MA**	**02703**

Secretary Name	Street Address	City	State	Zip
CARMEN CEPEDA	**29 HENDRICKS STREET**	**CENTRAL FALLS**	**RI**	**02863**

Treasurer Name	Street Address	City	State	Zip
CARMEN CEPEDA	**29 HENDRICKS STREET**	**CENTRAL FALLS**	**RI**	**02863**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
CARMEN CARDONA	**63 WHIPPLE AVE**	**CRANSTON**	**RI**	**02920**

Director Name	Street Address	City	State	Zip
SUSANA CANDELARIO	**10 FLETCHER STREET**	**CENTRAL FALLS**	**RI**	**02863**

Director Name	Street Address	City	State	Zip
CARMEN PERALTA	**79 PARK STEET**	**ATTLEBORO**	**MA**	**02703**

Director Name	Street Address	City	State	Zip
CARMEN COLON	**10 FLETCHER STREET**	**CENTRAL FALLS**	**RI**	**02863**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 22 2016

BY CR279726

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.

José F. Cardona _____
Signature of Officer or Authorized Representative Date

PASTOR/JOSE F. CARDONA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
140166-2-1141542