



State of Rhode Island and Providence Plantations
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.

2016 NOV - 1
R.I. DEPT. OF STATE
FILED
P11 3:13

1. Entity ID Number 000109038		2. Exact name of the Corporation IGLESIA APOSTOLES Y PROFETAS EFECIOS 2:20 INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PRESENT THE PLAND FOR THE HUMANITY SALVATION			
5. Principal Office Address 977 CHALKSTONE AVENUE APT. 1			City PROVIDENCE	State RI	Zip 02908
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RAYMUNDO CHEVEZ			Vice-President Name		
Street Address 977 CHALKSTONE AVENUE APT. 1			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name BERTHA CHEVEZ			Treasurer Name ELIAS CARDENAS		
Street Address 977 CHALKSTONE AVENUE APT. 1			Street Address 162 ALVERSON ST APT. 1		
City PROVIDENCE	State RI	Zip 02908	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 JORGE MONDRAGON			Director Name ELIAS CARDENAS		
Street Address 977 CHALKSTONE AVENUE APT. 1			Street Address 162 ALVERSON STREET APT. 1		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name JOSE RENE TORRES			Director Name JUAN JOSE CHEVEZ		
Street Address 76 WESTCOTT AVENUE			Street Address 10 GROVER STREET		
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 MAURICIO VIGIL				Date 10/28/2016	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

FILED

3:17

NOV 01 2016

By **C12697642**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov