



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

A MENDED

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: ~~300.00~~
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number <u>001008465</u>		2. Exact name of the Corporation <u>Iglesia Bautista Keragmas</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Reach out to the community with the gospel of Jesus Christ.</u>	
5. Principal Office Address <u>566 Mineral Spring</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Alexander Giralt</u>		Vice-President Name <u>Norbert D. Mejia</u>	
Street Address <u>82 Oakdale Ave</u>		Street Address <u>32 Garden Hill Drive</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Secretary Name <u>Wendy Romero</u>		Treasurer Name <u>Carmen Marquez</u>	
Street Address <u>104 D. Filmore St.</u>		Street Address <u>64 Chaplin St.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02861</u>	
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 <u>Edgar Chacon</u>		Director Name <u>Wendy Romero</u>	
Street Address <u>11 Lakeview Ave.</u>		Street Address <u>104 D. Filmore St.</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02908</u>	
Director Name <u>Candida Romero</u>		Director Name	
Street Address <u>104 D. Filmore St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02908</u>		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Alexander Giralt</u>		Date <u>11-1-16</u>	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE	

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