



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.

1. Entity ID No. 793041		2. Exact name of the Corporation Iglesia Cristiana Betania, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To preach the Gospel of Jesus Christ our Savior, also to help the community by educational programs.			
5. Principal office address 215 Forest Avenue			City Middletown	State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Auder Aldana			Vice-President Name Rev. Julia Aldana		
Street Address 2096 E. Main Road			Street Address 2096 E. Main Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Yohanna N. Vasquez			Treasurer Name Jacqueline Aldana		
Street Address 5 Mapple Ter.			Street Address 2096 E. Main Rd		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rev. Auder Aldana			Director Name Jaime Garcia		
Street Address 2096 E. Main Road			Street Address 5 Mapple Ter.		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Director Name Rev. Julia Aldana			Director Name Jacqueline Aldana		
Street Address 2096 E. Main RD			Street Address 2096 E. Main Rd,		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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

FEB 23 2017

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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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative