



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ 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
 2017 MAR 13 AM 10:27

1. Entity ID Number 799288		2. Exact name of the Corporation Iglesia Pentecostal: Enfrentando tus heredades	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To perform religious Ceremonies	
5. Principal Office Address 470 Union Ave. 2nd fl.		City Providence	State RI
		Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Isaac X. Lopez-Santos		Vice-President Name	
Street Address 470 Union Ave 2nd fl.		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
Secretary Name Kimberly L. Rivera		Treasurer Name	
Street Address 96 W. Clifford St.		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
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 Angel M. Perez		Director Name Carmen D. Nava	
Street Address 455 Lonsdale Ave.		Street Address 470 Union Ave 2nd fl.	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02909	
Director Name Kimberly L. Rivera		Director Name Isabel Romero	
Street Address 96 W. Clifford St.		Street Address 93 Waite St.	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02908	
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 Isaac X. Lopez Santos			Date 3/13/17
Signature of Officer/Authorized Representative			

MAR 13 2017

 By 298048 10:31
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