



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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1. Entity ID Number <b>799288</b>	2. Exact name of the Corporation <b>Iglesia Pentecostal: Enfrentando tus heredades</b>
3. State of Incorporation <b>RI</b>	4. Brief description of the character of business conducted in Rhode Island <b>To perform religious Ceremonies</b>

5. Principal Office Address <b>470 Union Ave. 2nd fl.</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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6. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Isaac X. Lopez-Santos</b>	Vice-President Name
Street Address <b>470 Union Ave 2nd fl.</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	City State Zip

Secretary Name <b>Kimberly L Rivera</b>	Treasurer Name
Street Address <b>96 W. Clifford St.</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>	City State Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Angel M. Perez</b>	Director Name <b>Carmen D. Nava</b>
Street Address <b>455 Lonsdale Ave.</b>	Street Address <b>470 Union Ave 2nd fl.</b>
City <b>Pawtucket</b> State <b>RI</b> Zip <b>02860</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Director Name <b>Kimberly L. Rivera</b>	Director Name <b>Isabel Romero</b>
Street Address <b>96 W. Clifford St.</b>	Street Address <b>93 Waite St.</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>

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.**

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

Name of Officer/Authorized Representative <b>Isaac X. Lopez Santos</b>	Date <b>3/13/17</b>
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Signature of Officer/Authorized Representative

**FILED**

MAR 13 2017

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