



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

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.

2017 MAY - 1

RI DEPT OF STATE  
BUSINESS DIV

1. Entity ID Number <b>102955</b>		2. Exact name of the Corporation <b>IGLESIA de CRISTO Del Hogos AL Rhema</b>	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island <b>church - to Preach the gospel of Jesus</b>	
5. Principal Office Address <b>103 Rankin Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ROSA molina</b>		Vice-President Name <b>cindy De Leon</b>	
Street Address <b>103 Rankin Ave</b>		Street Address <b>120 Hedley Ave</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02863</b>	
Secretary Name <b>Gabriela Nicola</b>		Treasurer Name	
Street Address <b>44 Rand St. 1 Floor</b>		Street Address	
City <b>Central Falls</b>	State <b>RI</b>	City	State
Zip <b>02863</b>		Zip	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ROSA molina</b>		Director Name <b>ana maria de la cruz</b>	
Street Address <b>103 Rankin Ave</b>		Street Address <b>55 Terrace Ave # 2</b>	
City <b>PROV</b>	State <b>RI</b>	City <b>PROV</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Director Name <b>Edgar dela Cruz</b>		Director Name	
Street Address <b>55 Terrace Ave #2</b>		Street Address	
City <b>PROV</b>	State <b>RI</b>	City	State
Zip <b>02909</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>ROSA molina</b>			Date <b>5/1/17</b>
Signature of Officer/Authorized Representative <b>Rosa Molina</b>			

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

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FORM 631 - Revised: 02/2017