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 2017

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.	2. Exact name of the Corporation
931975	Iglesia Ministerio Evangelistico Inter-nacional. Vive, El Rey Vive
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Contribute to the formation of moral and spiritual Values of men, women and children in the community.

5. Principal office address	City	State	Zip
1217 Main St.	West Warwick	RI	02893

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Luisa Dominici	Fini A. Dominici
Street Address: 232 Elmwood Av	Street Address: 34 Cedar Rd.
City: Providence · State: RI · Zip: 02907	City: West Warwick · State: RI. · Zip: 02893
Secretary Name	**Treasurer Name**
Ateza E. Diaz	Fredesvinda Moquete
Street Address: 23 Barry Road Apt. 2	Street Address: 23 Barry Road Apt. 2
City: Providence · State: RI · Zip: 02909	City: Providence · State: R.I. · Zip: 02909

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Jose A. Polanco	Adelia Brum
Street Address: 138 Carter	Street Address: 25 Harding St.
City: Providence · State: RI. · Zip: 02907	City: West Warwick · State: RI. · Zip: 02893
Director Name: Sonny E. Polanco	Director Name
Street Address: 38 Carter Carter	Street Address
City: Providence · State: RI · Zip: 02907	City · State · Zip

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
MAY 24 2017
BY C/O 304393

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.

Luisa Dominici Mayo 24, 2017
Signature of Officer or Authorized Representative — Date

Luisa Dominici
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014