RI SOS Filing Number: 201744787350 Date: 6/5/2017 4:00:00 PM

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

R.I. DEPT. OF STATE
2017 JUN -5 PM 3:01

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.

1. Entity ID Number: 913470	2. Exact name of the Corporation: Iglesia de Misericordia Jesus el Rey de Vida
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Preach, To Operate, The ordinance of Baptism
4. NAICS Code: 813110	

6. Principal Office Address: 585 Main St. | City: Pawtucket | State: RI | Zip: 02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Evelyn Mercado (Pastora)		Vice-President Name: Juan Mercado	
Street Address: 6 George St. Apt. 14		Street Address: 6 George St. apt. 14	
City: Pawtucket	State: RI Zip: 02860	City: Pawtucket	State: RI Zip: 02860
Secretary Name: Waleska Martinez		Treasurer Name: Luz M. Arias	
Street Address: 24 Mary St. Apt. 2		Street Address: 23 Brook St Apt. 2	
City: Central Falls	State: RI Zip: 02863	City: Central Falls	State: RI Zip: 02863

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

Director Name: Luis F. Arias		Director Name: Hector L. Lopez	
Street Address: Illinois St. Apt. 2		Street Address: 24 Mary St Apt 2	
City: Central Falls	State: RI Zip: 02863	City: Central Falls	State: RI Zip: 02863
Director Name: Gloria I. Mulet		Director Name	
Street Address: Illinois St. apt. 2		Street Address	
City: Central Falls	State: RI Zip: 02863	City	State Zip

9. 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: Evelyn Mercado — Date: 6-5-17

Signature of Officer/Authorized Representative

FILED
JUN 05 2017
BY 305232

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

FORM 631 - Revised: 05/2017