



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.

STAMP

FOR

1. Entity ID Number 140431		2. Exact name of the Corporation TEMPLO BIBLICO PROVIDENCE, INC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PREACH THE WORD OF GOD			
5. Principal Office Address 170 RESERVOIR AVENUE			City PROVIDENCE	State RI	Zip 02907
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ELVIS M. SENA			Vice-President Name MANUEL ZABALA		
Street Address 861 RESERVOIR AVENUE			Street Address 40 KINFIELD STREET		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909
Secretary Name ROSSY CABRERA			Treasurer Name ANGEL VALLECILLO		
Street Address 99 AMERICA STREET			Street Address 9 ROSEWOOD STREET		
City PROVIDENCE	State RI	Zip 02903	City PAWTUCKET	State RI	Zip 02860
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 ELVIS M. SENA			Director Name MANUEL ZABALA		
Street Address 861 RESERVOIR AVENUE			Street Address 40 KINFIELD STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02909
Director Name ROSSY CABRERA			Director Name ANGEL VALLECILLO		
Street Address 99 AMERICA STREET			Street Address 9 ROSEWOOD STREET		
City PROVIDENCE	State RI	Zip 02903	City PAWTUCKET	State RI	Zip 02860
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ELVIS M. SENA				Date 06/01/2017	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 08 2017

BY

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov