



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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BUS SVCS DIV

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1. Entity ID Number 72830		2. Exact name of the Corporation MANANTIA De Vida, Assembly of God, Spring of Life	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Christian Church for the Purpose of Congregational Worship	
4. NAICS Code 813110			
6. Principal Office Address 244 Elmwood Av.		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Rev. Miguel A. Berroa		Vice-President Name Lic. Jacqueline Berroa	
Street Address 161 Trenton Street		Street Address 161 Trenton Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name ANA. Sizer Avila		Treasurer Name Hno. Luis Garcia	
Street Address 95 Carr Street		Street Address 232 Elmwood Av., 3-M	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Hno. Antonio Rivera		Director Name Hno. Francisco Brito	
Street Address 71 Wendell Street		Street Address 39 Salmon St., Apt. 204	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name ANA. Aida Agosto		Director Name ANA. Rosa Peña	
Street Address 83 Doyle Av., #307		Street Address 27 Verndale Av.	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02905	
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 Rev. Miguel A. Berroa, Presidente/Pastor		Date 6/14/2017	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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: 05/2017

BY