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

2017 JUN 16 PM 12: 11

1. Entity ID Number	2. Exact name of the Corporation
72230	Manantial 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	City	State	Zip
344 Elmwood Av.	Providence	RI	02907

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

	President	Vice-President	Secretary	Treasurer
Name	Rev. Miguel A. Berroa	Lic. Jacqueline Berroa	Ana. Sizer Avila	Hno. Luis Garcia
Street Address	161 Trenton Street	161 Trenton Street	95 Carr Street	232 Elmwood Av., 3-A
City	Pawtucket	Pawtucket	Providence	Providence
State	RI	RI	RI	RI
Zip	02860	02860	02905	02907

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

	Director	Director	Director	Director
Name	Hno. Antonio Rivera	Hno. Francisco Brito	Ana. Aida Agosto	Ana. Rosa Peña
Street Address	71 Wendell Street	39 Salmon St., Apt. 304	83 Doyle Av., #307	27 Verndale Av.
City	Providence	Providence	Providence	Providence
State	RI	RI	RI	RI
Zip	02909	02909	02906	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, President/Pastor — Date: 6/14/2017

Signature of Officer/Authorized Representative: [signature] SIGN HERE

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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

FORM 631 - Revised: 05/2017