



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 22 AM 9: 35

1. Entity ID Number 645197		2. Exact name of the Corporation IGLESIA PENTECOSTAL JESUCRIST, ROCA ETERNA			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island To preach to operate the ORDINANCE OF GOSPEL			
4. NAICS Code 813110					
6. Principal Office Address 136 Broad ST #7A			City PAWTUCKET	State R.I	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARMEN L. ALICIA (PASTORA)			Vice-President Name COP. ROBERTO FIGUEROA		
Street Address 466 HUNT ST 414			Street Address 128 OAK ST		
City CENTRAL FALLS	State R.I	Zip 02863	City PROVIDENCE	State R.I	Zip 02909
Secretary Name HECTOR MORALES			Treasurer Name HECTOR MORALES		
Street Address 131 VALLEY ST 2F/DOV			Street Address SAME		
City CENTRAL FALLS	State R.I	Zip 02863	City	State	Zip
8. 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 ALICIA ZAPATA			Director Name ELIZABETH PAYAMI		
Street Address 108 Hedley ST #1			Street Address 141 OAK ST		
City CENTRAL FALLS	State R.I	Zip 02863	City PROVIDENCE	State R.I	Zip 02909
Director Name DULCE GARCIA			Director Name CARMIN SANCHEZ		
Street Address 466 HUNT ST 809			Street Address 466 HUNT ST # 215		
City CENTRAL FALLS	State R.I	Zip 02863	City CENTRAL FALLS	State R.I	Zip 02863
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.					
<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					Date 6-22-17
Signature of Officer/Authorized Representative <i>Carmen Alicia</i>					FILED

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

JUN 22 2017

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