



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 27 PM 3:28

1. Entity ID Number 506731		2. Exact name of the Corporation IGlesia Pentecostah Como el Arpa de David, INC.	
3. State of Incorporation Providence		5. Brief description of the character of business conducted in Rhode Island To praised and serve The Lord.	
4. NAICS Code 813110			
6. Principal Office Address 95 Hathaway St Suite 53		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Maria de Lourdes Cruz		Vice-President Name Rev. Luis Burgos	
Street Address 8 Sumner Ave		Street Address 8 Sumner Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Maria Pizarro		Treasurer Name Maria Luisa Figueroa	
Street Address 8 Sumner Ave		Street Address 8 Sumner Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Cynthia Leon		Director Name Emma Rodriguez	
Street Address 8 Sumner Ave		Street Address 8 Sumner Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Rev. Maria Lourdes Cruz		Director Name Hipolito Santiago Sanchez	
Street Address 8 Sumner Ave		Street Address 8 Sumner Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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. Maria de Lourdes Cruz			Date 6-27-17
Signature of Officer/Authorized Representative Rev. Maria de Lourdes Cruz			

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

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BY

FORM 631 - Revised: 06/2017