



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 27 PM 3:13

1. Entity ID Number 85183	2. Exact name of the Corporation Pentecostal Church Jesuschrist Fountain of Life		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To preach the Gospel of God.		
4. NAICS Code 813110			

6. Principal Office Address 1025 Plainfield St.	City Johnston	State R.I.	Zip 02919
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose A. Rosales		Vice-President Name Audelino Rosales	
Street Address 22 Saddlebrook Drive		Street Address 491 Manton Ave.	
City West Warwick	State R.I.	City Providence	State R.I.
Zip 02893		Zip 02909	
Secretary Name Norman Rodriguez		Treasurer Name Braulio Hernandez	
Street Address 64 Appleton St.		Street Address 45 Leading St.	
City Providence	State R.I.	City Johnston	State R.I.
Zip 02909		Zip 02919	

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 Maritza Gomez		Director Name Roberto Rosales	
Street Address 42 Ophelia St.		Street Address 14 Wallace St.	
City Providence	State R.I.	City Providence	State R.I.
Zip 02909		Zip 02909	
Director Name Jose A. Rosales		Director Name	
Street Address 22 Saddlebrook Drive		Street Address	
City West Warwick	State R.I.	City	State
Zip 02893		Zip	

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 Jose A. Rosales	Date 6-27-17
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Signature of Officer/Authorized Representative
Jose Augusto Rosales

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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