



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.

1. Entity ID Number 119131		2. Exact name of the Corporation IGLESIA PENTECOSTAL ROCA ETERNA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island WE STRIVE TO PROCLAIM THE GOOD NEWS OF JESUS CHRIST THROUGH WORSHIP AND MINISTRY.			
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>					
6. Principal Office Address 400 WARWICK AVENUE UNIT 12		City WARWICK	State RI	Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIA ALCANTARA			Vice-President Name MAIRA PENA		
Street Address 946 NARRAGANSETT BLVD.			Street Address 107 POMONA AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02908
Secretary Name WANDA ESCOBEDO			Treasurer Name ENCARNACION AVILA		
Street Address 208 EARLY STREET			Street Address 44 LABAN STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02909
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 MARIA ALCANTARA			Director Name MAIRA PENA		
Street Address 946 NARRAGANSETT BLVD.			Street Address 107 POMONA AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02908
Director Name ENCARNACION AVILA			Director Name		
Street Address 44 LABAN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	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.					
<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 Wanda Escobedo				Date 6/19/2017	
Signature of Officer/Authorized Representative <i>Wanda Escobedo</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

FILED

JUL 05 2017

RV 1968347438