



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 856475	2. Exact name of the Corporation IGlesia DE DIOS PENTECOSTAL C. LA		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island TO EVANGELISM Teach word of God, Help the need of the community		
4. NAICS Code			

6. Principal Office Address 1261 Chalkstone Ave	City PROVIDENCE	State RI	Zip 02908
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name BLANCA IRIS SANTANA			Vice-President Name JACKIE ARTIAGA		
Street Address 69 GLENHAM ST			Street Address 83 FARMINGTON AVE		
City PROVIDENCE	State RI	Zip 02907	City CRAWSTON	State RI	Zip 02920
Secretary Name JOEL BONZALEZ			Treasurer Name BLANCA IRIS SANTANA		
Street Address 80 CURTIS ST APT 405			Street Address 69 GLENHAM ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02907

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

Director Name JOSE CHECO			Director Name YOLANDA CHECO		
Street Address 391 FARMINGTON AV APT-1			Street Address 391 FARMINGTON AV APT-1		
City CRAWSTON	State RI	Zip 02920	City CRAWSTON	State RI	Zip 02920
Director Name BLANCA IRIS SANTANA			Director Name		
Street Address 69 GLENHAM STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	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.

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 Checo	Date 7/24/17
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Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUL 24 2017

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