



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUL 25 PM 2:22

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 716289		2. Exact name of the Corporation IGLESIA APOSTOLICA JESU CRISTO ES DIOS Hebreo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 12-14 APOSTOLIC CHURCH CONGREGATION.	
4. NAICS Code 813110			
6. Principal Office Address 21 OLNEY VILLE SQUARE		City PROVIDENCE	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name NOE BONILLA		Vice-President Name OSCAR I URBINA	
Street Address 11 PILSUDSKI ST.		Street Address 761 ATWELLS AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Secretary Name MILDER Y URBINA		Treasurer Name MIRIAN R- BONILLA	
Street Address 761 ATWELLS AV		Street Address 11 PILSUDSKI ST.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		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 NOE BONILLA		Director Name OSCAR I URBINA	
Street Address 11 PILSUDSKI ST.		Street Address 761 ATWELLS AV	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Director Name AGUSTIN URBINA		Director Name AGUSTIN URBINA	
Street Address 59 WEALTH AVE		Street Address 59 WEALTH AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
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 7/25/17
Signature of Officer/Authorized Representative NOE BONILLA			

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 25 2017

BY **308953**