RI SOS Filing Number: 201751009470 Date: 10/4/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division						
Annual Report for the year:	00	, <del></del>				
Non-Profit Corporation	640 [			29	$\supset$	
→ Filing period: June 1 - June 30 → Filing Fee. \$20.00				2011 OC7	B.C.	
→ Penalty Additional \$25 00 fee if f		)CT -	SER SER			
1. Entity ID Number	2 Exact name o	f the Corporation		<del></del>	C24.5	
1338963	The		in Continue: La	Visio#	Paritinua	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
K.T	TO PYTHEN WILL TO A CHOY - ARE ADOM IN EUGO OF THE POLY OF					
4. NAICS Code	Jesuchrist, to assist and help develop to assurce the willing's of the community thru positive message of					
813110.	The word.					
6. Principal Office Address	Ω	Λ <b>τ</b>	City	State	Zip	
249 Sayles	St /ru	1 KT	Providence	KA	02905	
7. List ALL officers (names and add	resses)		Check the box to indicate an attachment			
President Name Pascuala Rivera			Vice-President Name Amado Riveya			
Street Address Sty Scrytes St			Street Address 249 Sayles St			
City Providence	State	Zip 02905	City Providence	State RI	Zip 02905	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Director Name		Director Name A	ck the box to indicate	e an attachment 🗀		
tascuala Vivera			Hmado Kivera			
Street Address 249 Sayles St			Street Address 249 Suylos 5+			
City Providence	State RI	Zip 0 <b>32</b> (10)5	chy Providence	State RT	029905	
Director Name Haydee & Colon			Director Name			
Street Address Suy les			Street Address			
City Providence	State RT	Zip 2905	City	State	Zıp	
9. Registered Agent in Rhode Island	d. This information i		in the Department of State. Changes re-	quire 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				10/4/2017		
Signature of Officer/Authorized Penrocentative						
Fascuala Rivera 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  (BY C FORM 631 - Revised: 08/2017						