



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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 89100		2. Exact name of the Corporation MOVIMIENTO Pentecostal Monte Sinai			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address 1183 Eddy St.		City Providence		State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev Samuel Francisco			Vice-President Name Isabel Francisco		
Street Address 77 Dedham Ave.			Street Address 77 Dedham Ave.		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Flor M. Dela Roca			Treasurer Name Anthony Francisco		
Street Address 11 Bennington Rd.			Street Address 112 Emerson St.		
City Cranston	State RI	Zip 02920	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 <input type="checkbox"/>					
Director Name ARGENTINA Lara			Director Name Miguel Veloz		
Street Address 97 Hilarity St.			Street Address 106 Forest St.		
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02920
Director Name Erick Bolaños			Director Name Illuminada Veloz		
Street Address 98 Chestnut Hill Ave.			Street Address 106 Forest St.		
City Cranston	State RI	Zip 02904	City Cranston	State RI	Zip 02920
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Flor M. Dela Roca				Date 7/26/2017	
Signature of Officer/Authorized Representative 				FILED	

AUG 04 2017

BY Slalos