



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

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED STATE
SECRETARY'S OFFICE
CORPORATIONS
2018 FEB - 9 PM 3:38

1. Entity ID Number 000504997		2. Exact name of the Corporation Iglesia Pentecostal Mi Redentor Vive	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A Christian church for congregation worship	
4. NAICS Code 813110			
6. Principal Office Address 198 Arnold St		City Woonsocket	State R.I. Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Cynthia Fernandez		Vice-President Name Rody Fernandez	
Street Address 292 Ninth Ave		Street Address 292 Ninth Ave	
City Woonsocket	State R.I.	City Woonsocket	State R.I. Zip 02895
Secretary Name Luz B. Robles		Treasurer Name Jessica Rodriguez	
Street Address 55 Longmont St.		Street Address 228 Baker St.	
City Providence	State R.I.	City Providence	State R.I. Zip 02905
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 Raquel Lopez		Director Name Cynthia Fernandez	
Street Address 675 Elmwood Ave		Street Address 292 Ninth Ave	
City Providence	State R.I.	City Woonsocket	State R.I. Zip 02895
Director Name Evangelina Malave		Director Name	
Street Address 99 Roosevelt St.		Street Address	
City Providence	State R.I.	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 Cynthia L. Fernandez		Date 2-9-18	
Signature of Officer/Authorized Representative <i>Cynthia L. Fernandez</i>		SIGN DOCUMENT HERE 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

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