

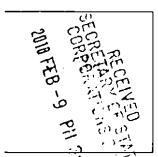
State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: **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.



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1. Entity ID Number · ·	2. Exact name of the Corporation	Latin I local	1.	ω, ω, ττ ω, ω, ττ
000504997	Iglesia Pentecosto	d Mi Redentor	Vive	
3. State of Incorporation	5. Brief description of the character	r of business conducted in Rhode Isl	land	_
RIT.	A Christian church for congregation worship			
4. NAICS Code		0. 3		1-
813110				
6. Principal Office Address		City	State	Zıp
198 Arnold St		Woonsocket	K'T'	05862
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name Rev. Cynthia Fernandez		Vice-President Name Rody Fernandez		
Street Address 292 Minth Are	_	Street Address 292 Ninth A	_	
Woonsocket	State R.I. 02895	City Woonsocket	State RII.	DZ 895
Secretary Name Luz, B. R		Treasurer Name Jessica	Rodria	JULZ
Street Address 55 Longmont St.		Street Address 228 Baker St.		
City Providence	State Zip Z908	City Providence	State C.I.	Zip 02805
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name Raquel	lopez	Director Name Cynthia Farn	andez	
	wood Ave	Street Address 292 nin4h	Are	
ciry Providence	State R.T. Zip 02905	CITY Woonsocket	State P. I.	Zip 02895
Director Name Evangelina Malave		Director Name		
Street Address 99 Roos	evelt St.	Street Address		
City Providence	State R.J. Zip 2909	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  Anthia L. Fernandez			Date 2-9-	18
Signature of Officer/Auth@rized Refresentative				
Civiliu L. Prion SA DOCUMENT HERE FILED				
MAIL TO: FEB 0 9 2018				

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BYX C2235153/

FORM 631 - Revised: 06/2017