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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

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Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  By C 2 2 3 57 5 3/4	Penalty: Additional \$25.00 fee if	form is not filed by	July 30.					
3. State of Incorporation R.T.  4. NAICS Code R13110  6. Principal Office Address 198 Arnold St  President Name Reductions (names and addresses)  7. List ALL officers (names and addresses)  President Name Reductions (names and addresses)  President Name Rev. Carphina Fernandez  Street Address 292 Ninth Arc  City  Woomsocket  State R.T.  Zooz895  Street Address 292 Ninth Arc  City  Woomsocket  State R.T.  Zooz895  Street Address  Street Address  Street Address  Street Address  List ALL directors (names and addresses)  R.T.  Zooz895  Street Address  Stre	1. Entity ID Number	2. Exact name o	11.	υ <sub>ο</sub>				
RIT. 4 Christian church for congregation worship  4. NAICS Code 813110  5. Principal Office Address 198 Arnold St 100  7. List All Officers (names and addresses)  President Name Redy Germandez  President Name Redy Germandez  Street Name Redy Germandez  Street Address 292 Ninth Are  City Woomsocket  State R. T. 202895  Street Address 292 Ninth Are  City Woomsocket  State R. T. 202895  Street Address 292 Ninth Are  City Woomsocket  State R. T. 202895  Street Address 298 Baker St.  City Providence  State R. T. 202908  City Providence  State R. T. 202908  E. 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 Raquel Lopez  Director Name Raquel Lopez  Director Name Street Address  Street	000504997	Iglesia Pentecostal Mi Kedentor Vive						
4 NAICS Code  813110  6. Principal Office Address 198 Arnold St 108 Arnold St 108 Arnold St 108 Arnold St 109 Check the box to indicate an attachment 109 Check the box to indicate 109 Check the bo		Brief description of the character of business conducted in Rhode Island						
8   3   10   6. Principal Office Address   City   WoonSocket   R.T.   02895   7. List All Officers (names and addresses)   Check the box to indicate an attachment   President Name   Rev. Capathica Fernandez   Rody Fernandez   Rody Fernandez   Street Address   Street Address   Street Address   Street Address   City   WoonSocket   State   R.T.   Zop 2895   Secretary Name   Luz. B. Roboles   Treasurer Name   Jessica Rodyriguez   Street Address   Street Address   Z28 Baker   St.   City Providence   Ref.   Zop 2908   City Providence   State   R.T.   Zop 2805   Street Address   Street Address   Z28 Baker   St.   City Providence   Ref.   Zop 2908   City Providence   State   R.T.   Zop 2805   Street Address   Street Address   Street Address   Street Address   Z28 Baker   St.   City Providence   Ref.   Zop 2908   City Providence   State   R.T.   Zop 2805   Street Address   Street Address   Z42 ninth   Acc   City Providence   State   R.T.   Zap 2805   Street Address   Street Address   Z42 ninth   Acc   City Providence   State   R.T.   Zap 2805   Street Address   Z42 ninth   Acc   City Providence   State   R.T.   Zap 2805   Street Address   Z42 ninth   Acc   City Providence   State   R.T.   Zap 2805   Street Address   Z42 ninth   Acc   City Providence   State   R.T.   Zap 2805   Street Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Address   Z42 ninth   Acc   City Providence   State   Zap 2805   State   Zap 2805	<u> </u>	A Christian church for congregation worship						
6. Principal Office Address IAR Arnold St  198 Arnold St  108 Arno		19						
198 Arnold St    Woonsocket   R.I.   02895	813110							
7. List ALL officers (names and addresses)  President Name Rev. Currhina Fernandez  Street Address 292 Ninth Are  City Woodnsocket State R.T.  Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi				City	State	1 '		
President Name Red. Curthing Fernandez Street Address 292 Ninth Are  CIV Woomsocket State R.T. Zip Oz895 Secretary Name Luz, B. Robles Street Address Check the box to indicate an attachment Director Name Control Name Control Name Control Name Control Name Control Name Street Address Street				Woonsocket	TKITI	05862		
Street Address Check the box to indicate an attachment Director Name Paguel Lopez Street Address			<del></del>		he box to indicate a	in attachment		
Street Address Check the box to indicate an attachment Director Name Raquel Lopez Street Address	Rev. Cynthia Fernandez			Rody Fernandez				
Street Address  City Providence  State R. I. Zip 02908  Street Address  Check the box to indicate an attachment Director Name Requel Lopez  Director Name Raquel Lopez  Street Address  Street Address  Street Address  Street Address  City Providence  State R. I. Zip 2905  City Downs ocket  State R. I. Zip 2905  Director Name  Evenney in a Majave  Director Name  Street Address  Gity Providence  Street Address  Gity Providence  State R. I. Zip 2905  City Downs ocket  State Zip  Street Address  Gity Providence  State R. I. Zip 2909  Street Address  Gity Providence  State R. I. Zip 2909  Street Address  Gity Providence  State R. I. Zip 2909  Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.  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.  Name of Officer/Authorized Representative  Cynthia L. Fernandez  Signature of Officer/Authorized Representative  Cynthia L. Fernandez  FILED  FEB 09 20118	292 hinth Are			292 ninth the				
Street Address  City Providence  State R. I. Zip 02908  Street Address  Check the box to indicate an attachment Director Name Requel Lopez  Director Name Raquel Lopez  Street Address  Street Address  Street Address  Street Address  City Providence  State R. I. Zip 2905  City Downs ocket  State R. I. Zip 2905  Director Name  Evenney in a Majave  Director Name  Street Address  Gity Providence  Street Address  Gity Providence  State R. I. Zip 2905  City Downs ocket  State Zip  Street Address  Gity Providence  State R. I. Zip 2909  Street Address  Gity Providence  State R. I. Zip 2909  Street Address  Gity Providence  State R. I. Zip 2909  Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.  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.  Name of Officer/Authorized Representative  Cynthia L. Fernandez  Signature of Officer/Authorized Representative  Cynthia L. Fernandez  FILED  FEB 09 20118	Woonsocket	Ritate R.T.	02895	city wooms ochect	- State RI.	DZ 895		
Street Address  55 Longmont St.  City Providence  State T. Zip 02908  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  Street Address  City Providence  City Providence  State R. T. Zip 02905  City Domes ocket  State R. T. Zip 02909  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 Authonized Representative Date  City Providence  City Providence  City Providence  State R. T. Zip 02909  City State Zip 02909  City Check the box to indicate an attachment Check The City October 1 The Cit				Treasurer Name Jessico	· Rodri	guez		
City Providence State R.I. Zip 02908  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  Street Address  Street Address  City Providence State R.I. Zip 2905  Director Name Evangelina Nalave  Director Name  Evangelina Nalave  Street Address  City Providence State R.I. Zip 2905  City Director Name  Evangelina Nalave  Street Address  City Providence State R.I. 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, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative. Receiver or Trustee  Name of Officer/Authorized Representative  City Providence State Continu				Street Address 228 Baker St.				
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  Street Address  Street Address  Street Address  City Provi dence State R. I. Zip 2905 City Wooms ocket State R. I. Zip 2905 Director Name  Evengy ina Malave Director Name  Street Address  City Provi dence State R. I. 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  Check the box to indicate an attachment Currently of President State Indicate an attachment Currently of President State Raddress  City Providence State R. I. Zip 2905 City Wooms ocket State, Zip 22089 State R. I. Zip 2909 City State Receiver State R. I. Zip 2909 City State Receiver of State R. I. Zip 2909 City State Receiver of Trustee Receiver of Officer/Authorized Representative Receiver of Trustee Receiver of Officer/Authorized Representative Receiver of Trustee Receiver of Trustee Receiver of Officer/Authorized Representative Receiver of Trustee Receiver of Trustee Receiver of Trustee Receiver of Officer/Authorized Representative Receiver of Trustee Receiver	City Providence	State R T	Zip DZ908	City Providence	State R.T.	Zip 02805		
Director Name Raquel Lopez  Street Address Director Name Evangeina Malaye Director Name Evangeina Malaye Street Address Street Address Street Address City Providence State R. J. Zip 2909 City State Street Address City Providence State R. J. Zip 2909 City State Street Address City Providence State R. J. Zip 2909 Street Address City Providence State R. J. Zip 2909 Street Address City Providence State R. J. Zip 2909 Street Address City Providence State R. J. Zip 2909 Street Address City Providence State R. J. Zip 2909 Street Address State R. J. Zip 2909 Street Address Street Address State R. J. Zip 2909 Street Address Street Address State R. J. Zip 2909 Street Address Street Address State Address	8. List ALL directors (names and ad	ddresses). RI Corp		t at least THREE directors.		L1		
Street Address  City Providence  State R.I. Zip 2905 City Wooms ocket State R.I. Zip 2895  Director Name Evange in a Malave  Director Name  Evange in a Malave  Street Address  City Providence  State R.I. 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  City Providence  Signature of Officer/Authorized Representative  City Providence  Signature of Officer/Authorized Representative  City Providence  Signature of Officer/Authorized Representative  FEB 0 9 2018	Director Name Raginal Loge 7			Director Name Cun Unia Fair nam de 2				
City Providence State R.T. Zip 2905 City Wooms ocket State R.T. Zip 2895  Director Name Evange in a Malave Director Name  Street Address 99 Roosevelt St. Street Address  City Providence State R.T. 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  City Providence State R.T. Zip 2909 City  State Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zip	Street Address			Street Address				
Director Name  Evanglina Malave  Street Address  Gity Providence  State R.J. Zip 2909  City  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  Changes require filing Form 641.  Date 2-9-18  Signature of Officer/Authorized Representative  FILED  FEB 09 2018		State R.T.		City	State 2.1,	Zip UZ895		
Street Address 99 Rossevel+ St.  City Providence State R.T. 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  Oate  1				Director Name				
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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  Date  2-9-18  Signature of Officer/Authorized Representative  FILED  FEB 0 9 2019	9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.							
Name of Officer/Authorized Representative  QNH is Light nandly  Signature of Officer/Authorized Representative  FEB 0.9 2018								
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Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative  FEB 0.9 2018	• · · · · · · · · · · · · · · · · · · ·		dos			18		
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FEB 0.9 2018	ZOU DOCUMENT HERE TILED							
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  Website: www.sos.ri.gov  ByXC 2 2 3 57 5 3 4  FORM 631 - Revised: 06/2017	MAIL TO:	V	0	FEB 0 9 2018	/			
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