



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

Annual Report for the year: 2016

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 <b>000504997</b>		2. Exact name of the Corporation <b>Iglesia Pentecostal Mi Redentor Vive</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>A Christian church for congregation worship</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>198 Arnold St</b>		City <b>Woonsocket</b>	State <b>R.I.</b>
		Zip <b>02895</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Rev. Cynthia Fernandez</b>		Vice-President Name <b>Rody Fernandez</b>	
Street Address <b>292 Ninth Ave</b>		Street Address <b>292 Ninth Ave</b>	
City <b>Woonsocket</b>	State <b>R.I.</b>	City <b>Woonsocket</b>	State <b>R.I.</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Luz B. Robles</b>		Treasurer Name <b>Jessica Rodriguez</b>	
Street Address <b>55 Longmont St.</b>		Street Address <b>228 Baker St.</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>Providence</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02905</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Raquel Lopez</b>		Director Name <b>Cynthia Fernandez</b>	
Street Address <b>675 Elmwood Ave</b>		Street Address <b>292 Ninth Ave</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>Woonsocket</b>	State <b>R.I.</b>
Zip <b>02905</b>		Zip <b>02895</b>	
Director Name <b>Evangelina Malave</b>		Director Name	
Street Address <b>99 Roosevelt St.</b>		Street Address	
City <b>Providence</b>	State <b>R.I.</b>	City	State
Zip <b>02909</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Cynthia L. Fernandez</b>			Date <b>2-9-18</b>
Signature of Officer/Authorized Representative <i>Cynthia L. Fernandez</i>			<b>FILED</b>

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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