



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 21 AM 9:56

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.

1. Entity ID Number 1013501		2. Exact name of the Corporation Iglesia Evangelica la ultiima llamada	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		church	
6. Principal Office Address 25 Chestnut Hill Ave		City Cranston	State RI 02922
			Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Maira Jimenez		Vice-President Name Marilani Espinal	
Street Address 25 Chestnut Hill Ave		Street Address 25 Chestnut Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Heroína de la Cruz		Treasurer Name Mara Bonifacia	
Street Address 28 Harris Ave ST		Street Address 25 Chestnut Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Kelvin Jimenez		Director Name Eric Almoute	
Street Address 25 Chestnut Hill Ave		Street Address 25 Chestnut Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name BellaTrix Valdez		Director Name	
Street Address 25 Chestnut Hill Ave		Street Address	
City Cranston	State RI	City	State
Zip 02920		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 Maira Jimenez			Date 2/21/18
Signature of Officer/Authorized Representative			

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

FEB 21 2018

BY *[Signature]* C 0267362

FORM 631 - Revised: 06/2017