RI SOS Filing Number: 201859386590 Date: 2/28/2018 4:00:00 PM

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

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Annual Report for the year: 2017
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.

1. Entity ID Number	2. Exact name of the Corporation
001665294	Iglesia Mas que Venedores
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: 813 110	

6. Principal Office Address	City	State	Zip
26 Manhattan st	Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rosalinda Cajigas	Angel J. Cajigas Sr.
Street Address: 26 Manhattan st	Street Address: 26 Manhattan st
City: Providence, State: RI, Zip: 02904	City: Providence, State: RI, Zip: 02904
Secretary Name	**Treasurer Name**
Rossvierlin Cajigas	Angel J. Cajigas Jr.
Street Address: 26 Manhattan st	Street Address: 26 Manhattan st
City: Providence, State: RI, Zip: 02904	City: Providence, State: RI, Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Trisha M. Cajigas	Angel J. Cajigas Jr
Street Address: 26 Manhattan st	Street Address: 26 Manhattan st
City: Providence, State: RI, Zip: 02904	City: Providence, State: RI, Zip: 02904
Director Name: Rossvierlin Cajigas	Director Name
Street Address: 26 Manhattan st	Street Address
City: Providence, State: RI, Zip: 02904	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	Date
Rosalinda Cajigas	2/28/18

Signature of Officer/Authorized Representative: Rosalinda Cajigas
SIGN DOCUMENT HERE

FILED
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BY 325525

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2017