

State of Rhode Island and Providence Plantings
Department of State - Business Services DivisionAnnual Report for the year
Non-Profit Corporation2018

- Filing period: June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

 RECEIVED
 SECRETARY OF STATE
 CORPORATION'S DIVISION
 2018 APR -3 PM 2:54

1. Entity ID Number 000794657		2. Exact name of the Corporation Iglesia de Dios Pentecostes Unidas por el Espiritu Santo	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXEMPT RELIGIOUS PURPOSE - 813110	
5. Principal Office Address 636 Potters Ave		City Providence	State RI
		Zip 02907	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Cayetano chach Ramos		Vice-President Name Sebastian Nix	
Street Address 117 Alverson Ave		Street Address 265 Webster Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Ana Julia Nix		Treasurer Name Ramiro Alonzo	
Street Address 265 Webster Ave		Street Address 206 Hanover ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Roberto Pol Ajanel		Director Name Miguel Nix	
Street Address 117 Alverson Ave		Street Address 70 Julian ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Juana Castro		Director Name Mateo Gomez	
Street Address 206 Hanover ST		Street Address 114 Alverson Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
8. 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 Cayetano chach Ramos		Date 2:54	
Signature of Officer/Authorized Representative <i>[Signature]</i>			
SIGN DOCUMENT HERE			

FILED

APR 03 2018

BY

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MAIL TO:

Division of Business Services

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