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

Annual Report for the year 2018
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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SECRETARY OF STATE
CORPORATIONS DIVISION
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1. Entity ID Number	2. Exact name of the Corporation
000794657	Iglesia de Dios Pentecostes Unidos por el Espiritu Santo
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	EXEMPT RELIGIOUS PURPOSE - 813110

5. Principal Office Address	City	State	Zip
636 Potters AVE	Providence	RI	02907

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

President Name	Vice-President Name
Cayetano chach Ramos	Sebastian NiX
Street Address: 117 Alverson AVE	Street Address: 265 webster AVE
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Secretary Name	**Treasurer Name**
Ana Julia NiX	Ramiro Alonzo
Street Address: 265 Webster Ave	Street Address: 206 HaNover ST
City: Providence State: RI Zip: 02909	City: Providence State: RI 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	Director Name
Roberto Pol Ajanel	Miguel NiX
Street Address: 117 alVerson AVE	Street Address: 70 Julian ST
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Director Name	**Director Name**
Juana Castro	Mateo Gomez
Street Address: 206 Hanover ST	Street Address: 114 Alverson AVE
City: Providence State: RI Zip: 02909	City: Providence State: RI 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	Date
Cayetano chach Ramos	

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

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BY KL 328000
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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: 05/2016