



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

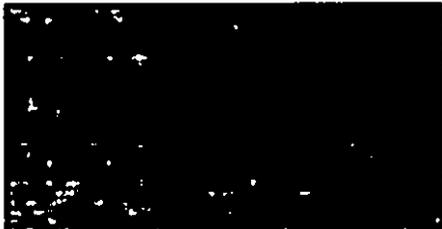
Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000505706		2. Exact name of the Corporation Crown Theological Seminary			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To teach Bible and Theological Classes to Christians in Rhode Island and the around the world and prepare ministers to preach the gospel of Jesus Christ. (813110)			
5. Principal office address 38 Chaffee St.		City Providence		State RI	Zip 02909
President Name Rev. Mynor A. Vargas			Vice-President Name Pastor Blanca Vargas		
Street Address 11 Cliff St.			Street Address 11 Cliff St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Luis F. Leon			Treasurer Name Sheyna L. Trujillo		
Street Address 32 Rye St.			Street Address 35 Welfare Ave.		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02888
Director Name Anibal Hernandez			Director Name Luis F. Leon		
Street Address 39 Greenbridge Ave			Street Address 32 Rye St.		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Sheyna L. Trujillo			Director Name		
Street Address 35 Welfare Ave.			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip

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CORPORATIONS DIV.
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This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee



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.

10:53 AM
FILED

Sheyna L. Trujillo 4/9/18
Signature of Officer or Authorized Representative Date

Form No. 631
Revised: 04/2014

APR 09 2018

Sheyna L. Trujillo
Print or Type Name of Officer or Authorized Representative

BY C 24049818