



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 **2016**

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. 000152206		2. Exact name of the Corporation Shalom Christian Temple, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To preach the gospel of Jesus Christ. To conduct church ministry with weekly services in Providence and in the nations. (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 Glenbridge 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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 SECRETARY OF STATE
 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



10:53 AM
FILED
APR 09 2018

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.

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

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