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SECRETARY OF STATE
CORPORATIONS DIV



2018 APR 30 PM 1:28

Annual Report for the year: **2016**

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. Entry ID Number 001052337		2. Exact name of the Corporation Latin-American Council of the Pentecostal Church of God, Inc.	
3. State of Incorporation New York		5. Brief description of the character of business conducted in Rhode Island to own and operate a church	
4. NAICS Code 613110 - Religious Organizations			
6. Principal Office Address 611 Main Street		City Hackensack	State NJ
		Zip 07601	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Santos Roman		Vice-President Name Samuel Cruz	
Street Address 611 Main Street		Street Address 611 Main Street	
City Hackensack	State NJ	City Hackensack	State NJ
Zip 07601		Zip 07601	
Secretary Name Juan A. Sanchez		Treasurer Name Esteban Aponte	
Street Address 611 Main Street		Street Address 611 Main Street	
City Hackensack	State NJ	City Hackensack	State NJ
Zip 07601		Zip 07601	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Santos Roman		Director Name Juan A. Sanchez	
Street Address 611 Main Street		Street Address 611 Main Street	
City Hackensack	State NJ	City Hackensack	State NJ
Zip 07601		Zip 07601	
Director Name Esteban Aponte		Director Name	
Street Address 611 Main Street		Street Address	
City Hackensack	State NJ	City	State
Zip 07601		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 Reverend Santos Roman, President			Date 4/26/18
Signature of Officer/Authorized Representative <i>Santos Roman</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED

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FORM 631 - Revised: 11/2017

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BY _____