



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

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SECRETARY OF
CORPORATIONS DIV
2018 MAY 11 AM 9:30

Annual Report for the year:
Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

Concilio De Iglesia

1. Entity ID Number <u>968504</u>		2. Exact name of the Corporation <u>Jesus Cristo Union Y Poder, INC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church working for the community.</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>101 Higginson Av. Suite 105</u>		City <u>Lincoln</u>	State <u>RI</u>
		Zip <u>02865</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Matra Reyes</u>		Vice-President Name	
Street Address <u>8870 Sector Fito Valle</u>		Street Address	
City <u>Quebradilla</u>	State <u>PR</u>	Zip <u>00648</u>	
Secretary Name <u>ANA GARCIA</u>		Treasurer Name	
Street Address <u>35 Spawmut Av. 3B</u>		Street Address	
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
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 <u>Nurys Pastor</u>		Director Name <u>Rita Garcia</u>	
Street Address <u>9 Pales St</u>		Street Address <u>49 Union St</u>	
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Pawtucket</u>
			State <u>RI</u>
			Zip <u>02860</u>
Director Name <u>HUGO RODRIGUEZ</u>		Director Name	
Street Address <u>98 Earle St.</u>		Street Address	
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
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 <u>ANA GARCIA</u>		Date <u>5-11-18</u>	
Signature of Officer/Authorized Representative <u>Ana Garcia</u>		FILED	
		SIGN DO MAY 11 2018	