



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

2018 MAY 30 AM 10:27

1. Entity ID Number 36369		2. Exact name of the Corporation Iglesia Pentecostal Rosa de SAROL	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110			
6. Principal Office Address 730 Potter's Ave		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAFAEL GALARZA		Vice-President Name Ada CARILLO	
Street Address 91 Friendly Rd.		Street Address 56 Andover St	
City CRANSTON	State RI	City Providence	State R.I.
Zip 02910		Zip 02909	
Secretary Name KRISTEN Lebron		Treasurer Name Yolanda GALARZA	
Street Address 67 Phoenix Ave		Street Address 91 Friendly Rd.	
City Warwick	State RI	City CRANSTON	State RI
Zip 02893		Zip 02910	
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 Vanessa GALARZA		Director Name Eulogio Acuña	
Street Address 91 Friendly Rd		Street Address 677 Cranston St	
City CRANSTON	State R.I.	City Providence	State R.I.
Zip 02910		Zip 02907	
Director Name MARIA Morales		Director Name NATANAEL Lebron	
Street Address 100 Adwell Ave # 803		Street Address 67 Phoenix Ave	
City Providence	State R.I.	City Warwick	State R.I.
Zip 02905		Zip 02893	
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 RAFAEL GALARZA			Date 5/30/18
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 30 2018

BY **C25809446**
A.A.