



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

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.n.gov | Website: www.sos.n.gov

**FILED**

JUN 04 2018

BY

**Non-Profit Corporation Annual Report for the year: 2018**

Filing period: June 1 - June 30

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

1. Entry ID Number		2. Exact name of the Corporation	
789274		Iglesia Pentecostes Mahanaim	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI 813110		To preach the Gospel to every body and help needed families (813110)	
5. Principal Office Address		City	State
13 Park St		Central Falls	RI
		Zip	02863
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Juan Jose Arias		Vice-President Name Juan de Dios Castillo	
Street Address 13 Park St		Street Address 178 Amherst St	
City Central Falls	State RI	City Providence	State RI
Zip 02863		Zip 02909	
Secretary Name Alberto Xan		Treasurer Name Ana Xan	
Street Address 43 Prudence Ave		Street Address 43 Prudence Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
7. 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 Juan Jose Arias		Director Name Juan de Dios Castillo	
Street Address 13 Park St		Street Address 178 Amherst St	
City Central Falls	State RI	City Providence	State RI
Zip 02863		Zip 02909	
Director Name Alberto Xan		Director Name Ana Xan	
Street Address 43 Prudence Ave		Street Address 43 Prudence Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
8. 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		Date	
		5-29-18	
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			