State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN -8 PM 1:42

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.

1. Entity ID Number	2. Exact name of the Corporation
000155826	Iglesia De Dios Pentecostal M.I.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Place of worship
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
611 Front St.	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Anail Lavergne	Edwin Lavergne
Street Address: 185 Country Club Blvd.	Street Address: 185 Country Club Blvd.
City: Worcester; State: MA; Zip: 01605	City: Worcester; State: MA; Zip: 01605
Secretary Name	**Treasurer Name**
Raquel Delgado	Emmelin Rodriguez
Street Address: 531 Aylsworth Ave	Street Address: 42 Wells St.
City: Woonsocket; State: RI; Zip: 02895	City: Woonsocket; State: RI; Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Angel L. Delgado	Ana Vazquez
Street Address: 531 Aylsworth Ave	Street Address: 611 Front St.
City: Woonsocket; State: RI; Zip: 02895	City: Woonsocket; State: RI; Zip: 02895
Director Name: Luis Rivera	Director Name
Street Address: 611 Front St.	Street Address
City: Woonsocket; State: RI; Zip: 02895	City; State; 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	Date
Raquel Delgado	6/4/18

Signature of Officer/Authorized Representative: Raquel Delgado SIGN DOCUMENT HERE

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BY cw 332301

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

FORM 631 - Revised: 11/2017