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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2018 JUN 21 PM 2:18



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.

1. Entity ID Number <b>1676205</b>		2. Exact name of the Corporation <b>Ministerio Evangelistico Podery Gloria</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Preach the gaspal of Jesus christ.</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>187 HATTON STREET #5</b>		City <b>EP</b>	State <b>RI</b>	Zip <b>02914</b>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>FRANKLIN MUESES</b>		Vice-President Name			
Street Address <b>187 Hatton st #5</b>		Street Address			
City <b>E.P.</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>MARIA MARTINEZ</b>		Treasurer Name <b>ROSA MARTINEZ</b>			
Street Address <b>27 Lovoughn st</b>		Street Address <b>187 Hatton st #5</b>			
City <b>Prov</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>E.P.</b>	State <b>RI</b>	Zip <b>02914</b>
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 <b>FRANKLIN MUESES</b>		Director Name <b>ROSA MARTINEZ</b>			
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>			
City	State	Zip	City	State	Zip
Director Name <b>MARIA MARTINEZ</b>		Director Name			
Street Address <b>same as above.</b>		Street Address			
City	State	Zip	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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Franklin Mueses</b>		<b>FILED</b>		Date <b>6/21/18</b>	
Signature of Officer/Authorized Representative 		<b>JUN 21 2018</b>			
		SIGN DOCUMENT HERE <b>BY SC 26533634</b>			