



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 28 AM 9:29

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 39066		2. Exact name of the Corporation Iglesia Apostolica del Nombre de Jesu Cristo	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Christian church & charity	
4. NAICS Code 813110			
6. Principal Office Address 519 Power rd.		City Pawtucket	State R.I.
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rafael J. Taveras		Vice-President Name Ramiro Franco H.	
Street Address 205 Ocean St.		Street Address 31 Palm St.	
City Providence	State R.I.	City Pawtucket	State R.I.
Zip 02905		Zip 02860	
Secretary Name Frandy B. Arana		Treasurer Name Erick A. Ochoa	
Street Address 118 Roosevelt St.		Street Address 117 Alverson Av.	
City Providence	State R.I.	City Providence	State R.I.
Zip 02909		Zip 02909	
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 Carlos F. Aldana R.		Director Name Frandy Arana	
Street Address 9 Av. 0-01 Z.1 Mixco		Street Address 118 Roosevelt St.	
City Mixco	State Duquenda	City Providence	State RI
Zip 10057		Zip 02909	
Director Name Rafael J. Taveras		Director Name	
Street Address 205 Ocean St.		Street Address	
City Providence	State RI	City	State
Zip 02905		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.			
<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 Rafael Taveras			Date 6-28-18
Signature of Officer/Authorized Representative <i>Rafael Taveras</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

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