



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.

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SECRETARY OF STATE  
CORPORATIONS DIV  
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1. Entity ID Number <b>26882</b>		2. Exact name of the Corporation <b>Iglesia Pentecostal EL Calvario</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious Workshop Service &amp; Social Orentation</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>36 Chaffee Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Salvador Vargas</b>		Vice-President Name <b>Katie Arriaza</b>	
Street Address <b>356 Rockland Road</b>		Street Address <b>15 Lincoln Drive</b>	
City <b>North Scituate</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02857</b>		Zip <b>02919</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Carlos Vargas</b>		Director Name <b>Cristi Arriaza</b>	
Street Address <b>17 Malom Drive</b>		Street Address <b>64 Lisbon Street</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02908</b>	
Director Name <b>Mary Ann Pescione</b>		Director Name <b>Cristi Arriaza</b>	
Street Address <b>12 Byrd Avenue</b>		Street Address <b>64 Lisbon Street</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02908</b>	
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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Salvador Vargas, President</b>			Date <b>6/30/18</b>
Signature of Officer/Authorized Representative <i>Salvador Vargas</i>			<b>FILED</b> <b>JUL 06 2018</b>

MAIL TO:  
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Phone: (401) 222-3040  
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