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

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CORPORATIONS DIV
2018 JUL -6 PM 2:13

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
26882	**Iglesia Pentecostal EL Calvario**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Religious Workship Service & Social Orentation**
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
36 Chaffee Street	**Providence**	**RI**	**02909**

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

President Name: **Salvador Vargas**			Vice-President Name: **Katie Arriaza**		
Street Address: **356 Rockland Road**			Street Address: **15 Lincoln Drive**		
City: **North Scituate**	State: **RI**	Zip: **02857**	City: **Johnston**	State: **RI**	Zip: **02919**
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: **Carlos Vargas**			Director Name: **Cristi Arriaza**		
Street Address: **17 Malom Drive**			Street Address: **64 Lisbon Street**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Providence**	State: **RI**	Zip: **02908**
Director Name: **Mary Ann Pescione**			Director Name: **Cristi Arriaza**		
Street Address: **12 Byrd Avenue**			Street Address: **64 Lisbon Street**		
City: **Johnston**	State: **RI**	Zip: **02919**	City: **Providence**	State: **RI**	Zip: **02908**

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: **Salvador Vargas, President**

Date: 6/30/17

FILED
JUL 06 2018

Signature of Officer/Authorized Representative: S. Vargas

SIGN DOCUMENT HERE

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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FORM 631 - Revised: 11/2017