



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 SECTION
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1. Entity ID Number 793450		2. Exact name of the Corporation Assembly of Christian Churches Inc Fuentes de Restauracion	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preach the word of God and help the need.	
4. NAICS Code 813110			
6. Principal Office Address 119 River Ave		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daisy Navarro		Vice-President Name Joshua Navarro	
Street Address 119 River Ave		Street Address 119 River Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Jaqueline Patzan		Treasurer Name Julian Patzan	
Street Address 23 School St		Street Address 23 School St	
City Providence	State RI	City Providence	State RI
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 Jaqueline Patzan		Director Name Julian Patzan	
Street Address 23 School St		Street Address 23 School St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Belky Alvarez		Director Name	
Street Address 307 Central St Apt 210		Street Address	
City Hudson	State MA	City	State
Zip 01749		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.			
<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 Daisy Navarro			Date 7/8/18
Signature of Officer/Authorized Representative Daisy Navarro			FILED

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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