



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
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Annual Report for the year: 2016
 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 000532973		2. Exact name of the Corporation Misión Evangelica Monte Sinai Pentecostes.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church.	
4. NAICS Code 813110			
6. Principal Office Address 841 Portter Av		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jorge Eliceo Gutierrez tiño		Vice-President Name Martina Ramos Ortiz.	
Street Address 216 Hanover St.		Street Address 216 Hanover St.	
City Providence	State R.I.	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Manuel Ramos Ortiz.		Treasurer Name Eugenio Ramos Ortiz.	
Street Address 841 Portter Av.		Street Address 841 Portter Av.	
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 Jorge Eliceo Gutierrez		Director Name Martina Ramos Ortiz.	
Street Address 216 Hanover St.		Street Address 216 Hanover St.	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Manuel Ramos Ortiz.		Director Name Eugenio Ramos Ortiz	
Street Address 841 Portter Av.		Street Address 841 Portter Av.	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Jorge E. Gutierrez		Date 7/11/18	
Signature of Officer/Authorized Representative <i>Jorge E. Gutierrez</i>		FILED JUL 11 2018	

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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