


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

Annual Report for the year:

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

2018 JUL 27 PM 3:18

1. Entity ID Number <b>912387</b>		2. Exact name of the Corporation <b>Iglesia de la Comunidad Providence, RI.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>The purpose is to preach the gospel of Jesus and serve the community</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>135 Metropolitan Road</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</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>Rev. Luis David Rodriguez</b>		Vice-President Name <b>Rev. Deiby Pineda</b>	
Street Address <b>135 Metropolitan Road</b>		Street Address <b>110 Progress Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Secretary Name <b>KAREN RIVERA</b>		Treasurer Name <b>Nidia Lopez</b>	
Street Address <b>32 Kinfield St.</b>		Street Address <b>1720 Chalkstone Rd.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
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>Rev. Luis David Rodriguez</b>		Director Name <b>Rev. Deiby Pineda</b>	
Street Address <b>135 Metropolitan Road</b>		Street Address <b>110 Progress Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
Director Name <b>KAREN RIVERA</b>		Director Name <b>Nidia Lopez</b>	
Street Address <b>32 Kinfield St.</b>		Street Address <b>1720 Chalkstone Rd.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
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 <b>Rev. Luis David Rodriguez</b>			Date <b>7/27/18</b>
Signature of Officer/Authorized Representative <b>Rev. Luis D. Rodriguez</b> IN 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

FILED

JUL 27 2018

FORM 631 - Revised: 11/2017

BY

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