



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
2018 AUG 16 PM 4:26

1. Entity ID Number 001073685		2. Exact name of the Corporation Iglesia Guerreros De Dios Sin Fronteras Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Iglesia - Servicio Religioso, Enseñar y disciplinar, todos los relacionados con Dios Servicios Capellanía	
4. NAICS Code 813110			
6. Principal Office Address 95 Bissell St Suite 74		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 Santa E. Diaz		Vice-President Name Hector Adams	
Street Address 231 Maple Ave Apt 301		Street Address 706 Prairie St Apt 2B	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02905	
Secretary Name Carmen Cotto		Treasurer Name Raguel Turbides	
Street Address 231 Maple Ave Apt 503		Street Address 706 Prairie St Apt 2B	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02905	
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 Santa E. Diaz		Director Name Hector Adams	
Street Address 231 Maple Ave Apt 301		Street Address 706 Prairie St Apt 2B	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02905	
Director Name Carmen Cotto		Director Name Raguel Turbides	
Street Address 231 Maple Ave Apt 503		Street Address 706 Prairie St Apt 2B	
City Newport	State RI	City Providence	State RI
Zip 02840		Zip 02905	
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 Santa E. Diaz			Date 8/16/18
Signature of Officer/Authorized Representative <i>Santa E. Diaz</i>			

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