State of Rhode Island and	i Providence Plan	tations				
Department of Sta	te - Busines:	s Services Di	vision			
Annual Report for the year: Non-Profit Corporation → Filing period, June 1 - June 30 → Filing Fee: \$20,00 → Penalty: Additional \$25,00 fee if	SECRETARY CORPORATION OF THE SEP 11					
Entity ID Number	2 Exact name o	of the Corporation				- 29 -
000142236	2. Exact name of the Corporation Tabernaculo El Nuevo Pacto				=	10 S 11 S 10
3. State of Incorporation			r of business conducted i	<u> </u>	and	KA M
RI	To worship together to celebrate Jesus Christ					
4. NAICS Code 8/3 1/0 ,	, , , ,		ge/ver 70 ce	lebra H	z Jesis (Christ
6. Principal Office Address			City		State	Zip
155 Mushassuciz S			City Paw tucket		PI	02860
7. List ALL officers (names and add		Che	ck the box to indicate			
President Name Julio E. Sabaker			Vice-President Name Angeles Benitez-Subater			
Street Address 1140 Smith Street			Street Address 1140 Smi Ha Street			
City Providence	State PI	Zip 0:290 F	City Pronderce		State RI	Zip 02908
Secretary Name Minerry Delgaso			Treasurer Name Marla Sabate			
Street Address 53 King Philip			Street Address 356 Monton Are			
City frondree	State RI	Zip 02909	City Providure	<u> </u>	State PI	Zip 02909
8. List ALL directors (names and ad	ldresses) RI Corp	orations MUST lis				
Director Name	Check the box to indicate an attachment L					
NOEM, Matos			Director Name Julio E. Sobite			
47 51550			Street Address	Smit	4 57.	
City Pawtocket	State RI	Zip 02869	City Providure		State PI	Zip 02908
Director Name Minerum Del gado			Director Name			
Street Address 53 King Philip			Street Address			
City Providence	State RI	Zip 02909	City		State	Zip
9. Registered Agent in Rhode Island	d. This information is		in the Department of State (Changes req	uire filing Farm 841.	<u></u>
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that	I have examined	this report, including a			
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 Julio E. Sabater 155 Mosha Souck Street Pautualet					Oate	

Signature of Officer/Authorized Representative

FILED

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SBNB1 2'02 FORM 631 - Revised: 11/2017