State of Rhode Island an					
Department of Standard Report for the year Non-Profit Corporation → Filing period June 1 - June 30 → Filing Fee \$20.00 → Penalty: Additional \$25.00 fee in	: <u>)</u>	17	vision	cold SEP 11	SECRETAR CORPORA
1. Entity ID Number	2. Exact name of t	the Corporation		<u> </u>	00%
000142236	Taber,	naculo 1	El Nuevo Pacto		888
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Is!				-
RT 4. NAICS Code	To worship together to celebrate Jesus Christ.				Christ.
813110.	1				
6, Principal Office Address	-		City	State	Zip
155 Mushassuc/2 St.			Paustvcket	PI	02860
7. List ALL officers (names and addresses)				Check the box to indic	
President Name Julis E. Sabater			Vice-President Name Angel	les Beniter	- Sobata
Street Address 1140 Smith Street			Street Address 1140 Smith Street		
City Providence	State PT	ZIP 0790 F	City Pronderce	State RI	Zip 02908
Secretary Name Minerun Delgasto			Treasurer Name Marla Sababe		
Street Address 53 King Philip			Street Address 356 Monton Are		
City Providence	, , , , , , , , , , , , , , , , , , , 	Zip 02909	City Providure	State PI	Zip 02909
8. List ALL directors (names and a	ddresses). RI Corpo	rations MUST lis	t at least THREE directors.		
Director Name Noemi Matos			Check the box to indicate an attachment L Director Name Julio E. Sorbutu		
Street Address 47 Sisson Street			Street Address 1140 Smith St.		
City Pawticket	T	Zip 02869	City Posside	State PT	Zip 02906
Director Name Minery	7.00.10	0000	Director Name	100	
Street Address 53 Kins Philip			Street Address		
City Providence	/	Zip 02909	City	State	Zip
9. Registered Agent in Rhode Islan			in the Department of State, Change	es require (ling Form 64	 l1.
Under penalty of perjury, I decla statements, and that all stateme	re and affirm that I	have examined	this report, including any acc		
This report must be signed by either the Pre-		cretary, Assistant Sec	cretary. Treasurer, duly Authorized Repre	sentative, Receiver or Trus	itee
Name of Officer/Authorized Repres	sentative Her 155 M	osha ssu	ck Street Pautic	Date FILE	D
Signature of Officer/Authorized Rep		٠		SEP 11	

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017