



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2015

→ 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 SEP 11 AM 11:52

1. Entity ID Number 000142236		2. Exact name of the Corporation Tabernaculo El Nuevo Pacto	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To worship together to celebrate Jesus Christ.	
4. NAICS Code 813110.			
6. Principal Office Address 155 Moshasuck St.		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Julio E. Sabater		Vice-President Name Angeles Benitez-Sabater	
Street Address 1140 Smith Street		Street Address 1140 Smith Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Minerva Delgado		Treasurer Name Marla Sabater	
Street Address 53 King Philip		Street Address 356 Montan Ave	
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 Noemi Matos		Director Name Julio E. Sabater	
Street Address 42 Sisson Street		Street Address 1140 Smith St.	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Director Name Minerva Delgado		Director Name	
Street Address 53 King Philip		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
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 Julio E. Sabater 155 Moshasuck Street Pawtucket			Date
Signature of Officer/Authorized Representative Julio E. Sabater			FILED

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov