



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2018  
 Non-Profit Corporation

2018 SEP 13 PM 12: 27

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

|   |                    |  |                        |
|---|--------------------|--|------------------------|
| 1. Entity ID Number<br><b>913470</b>  |                    | 2. Exact name of the Corporation<br><b>Iglesia de Misericordia Jesus</b>   |                        |
| 3. State of Incorporation<br><b>RI</b>  |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>to Preach, to Operate, Pandevila</b> |                        |
| 4. NAICS Code<br><b>813110</b>  |                    | The ordinance of Gospel  |                        |
| 6. Principal Office Address<br><b>585 Main St.</b>  |                    | City<br><b>Pawtucket</b>   | State<br><b>RI</b>     |
|   |                    | Zip<br><b>02860</b>  |                        |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |                        |
| President Name<br><b>Evelyn Mercado</b>   |                    | Vice-President Name<br><b>Luis F. Arias</b>  |                        |
| Street Address<br><b>6 Georges St. apt. 14</b>  |                    | Street Address<br><b>6 Georges St. apt. 14</b>   |                        |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | City<br><b>Pawtucket</b>   | State<br><b>RI</b>     |
| Zip<br><b>02860</b>   |                    | Zip<br><b>02860</b>  |                        |
| Secretary Name<br><b>Walska Martinez</b>  |                    | Treasurer Name<br><b>Luz M. Arias</b>  |                        |
| Street Address<br><b>24 Mary St. Apt. 2</b>   |                    | Street Address<br><b>23 Brook St Apt. 5</b>  |                        |
| City<br><b>Central Falls</b>  | State<br><b>RI</b> | City<br><b>Central Falls</b>   | State<br><b>RI</b>     |
| Zip<br><b>02863</b>   |                    | Zip<br><b>02863</b>  |                        |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>                             |                    |  |                        |
| Director Name<br><b>Juan Mercado</b>  |                    | Director Name<br><b>Hector I. Lopez</b>  |                        |
| Street Address<br><b>6 Georges St. apt. 14</b>  |                    | Street Address<br><b>24 Mary St. Apt. 2</b>  |                        |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | City<br><b>Central Falls</b>   | State<br><b>RI</b>     |
| Zip<br><b>02860</b>   |                    | Zip<br><b>02863</b>  |                        |
| Director Name<br><b>Marivelise Hernandez</b>  |                    | Director Name  |                        |
| Street Address<br><b>24 Mary St. apt. 3</b>   |                    | Street Address   |                        |
| City<br><b>Central Falls</b>  | State<br><b>RI</b> | City   | State                  |
| Zip<br><b>02863</b>   |                    | Zip  |                        |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                    |  |                        |
| <b>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.</b> |                    |  |                        |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>                                   |                    |  |                        |
| Name of Officer/Authorized Representative<br><b>Evelyn Mercado</b>  |                    |  | Date<br><b>9-13-18</b> |
| Signature of Officer/Authorized Representative  |                    |  | <b>FILED</b>           |

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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