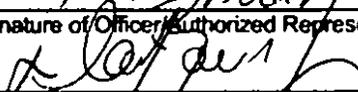


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

1. Entity ID Number 793041		2. Exact name of the Corporation IGLESIA Cristiana Betania, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to Preach the Gospel of Jesus Christ our Savior also to help the Community by educational Programs.	
4. NAICS Code 813110			
6. Principal Office Address 60 Halsey St		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Auder Aldana		Vice-President Name Rev. Julia Aldana	
Street Address 2096 E. Main Rd		Street Address 2096 E. Main Rd	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Secretary Name Yohanna N. Vasquez		Treasurer Name Jacqueline Aldana	
Street Address 5 MAPPLE Ter.		Street Address 2096 E. Main Rd.	
City Middletown	State RI	City Portsmouth	State RI
Zip 02842		Zip 02871	
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 Rev. Auder Aldana		Director Name Jaime Garcia	
Street Address 2096 E. Main Rd		Street Address 5 MAPPLE Ter.	
City Portsmouth	State RI	City Middletown	State RI
Zip 02871		Zip 02842	
Director Name Rev. Julia Aldana		Director Name Jacqueline Aldana	
Street Address 2096 E. Main Rd		Street Address 2096 E. Main Rd	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
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.			
<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 Rev. Auder Aldana			Date 1/9/18
Signature of Officer/Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

FILED
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 BY **TY TACB**
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