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

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CORPORATIONS DIV
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Annual Report for the year: 2017
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	City	State	Zip
60 Halsey ST.	Newport	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Rev. Auder Aldana	2096 E. Main Road	Portsmouth	RI	02871

Vice-President Name	Street Address	City	State	Zip
Rev. Julia Aldana	2096 E. Main Road	Portsmouth	RI	02871

Secretary Name	Street Address	City	State	Zip
Yohanna N. VASQUEZ	5 Mapple Ter.	Middletown	RI	02842

Treasurer Name	Street Address	City	State	Zip
Jacqueline Aldana	2096 E. Main Rd.	Portsmouth	RI	02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Rev. Auder Aldana	2096 E. Main Rd	Portsmouth	RI	02871
Rev. Julia Aldana	2096 E. Main Rd	Portsmouth	RI	02871

Director Name	Street Address	City	State	Zip
Jaime GArcia	5 Mapple Ter.	Middletown	RI	02842
Jacqueline Aldana	2096 E. Main Rd.	Portsmouth	RI	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.

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		Date
Rev. Auder Aldana	**FILED**	1/9/19

Signature of Officer/Authorized Representative

JAN 09 2019

BY TGACB 2:45

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