



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 APR 12 PM 2:13
 (813140)

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001673055		2. Exact name of the Corporation Eben-EZER Christian Fellowship			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Charitable, Religious, Educational purposes including the housed and development of other faith based Ministries. Will guard the facilities as well as work on its preservation and good condition.			
5. Principal office address 232 Woonasquahucket Ave		City North Prov.		State RI	Zip 02911
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Jenny Rosario			Vice-President Name		
Street Address 934 Narragansett Boulevard Apt A			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Rosa Taina Rosario			Treasurer Name		
Street Address 232 Woonasquahucket Ave			Street Address		
City North Prov.	State RI	Zip 02911	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joel Rosario Tapia			Director Name Orpha Guzman		
Street Address 934 Narragansett Boulevard Apt B			Street Address 42 Alto st.		
City Providence	State RI	Zip 02905	City Cranston	State RI	Zip 02920
Director Name Eulogio Acevedo			Director Name		
Street Address 977 Cranston Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

APR 12 2019

BY **KL EJSVG**

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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.

Rosa Taina Rosario
 Signature of Officer

4/11/19
 Date

Print or Type Name of Officer

Secretary
 Title of Officer