



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

Annual Report for the year:

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2019 APR 17 AM 10:10

1. Entity ID Number 102955		2. Exact name of the Corporation Iglesia de Cristo Del Logos AL Rhema	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island church. TO PREACH the gospel OF JESUS. and EBENEZER DOCTRINE	
4. NAICS Code 831110			
6. Principal Office Address 103 Rankin Ave		City Providence	State R.I.
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROSA MOLINA		Vice-President Name Kevin Golman Leonardo Diego	
Street Address 103 Rankin Ave.		Street Address 56 terrace Av.	
City Providence	State RI	City Providence	State R.I.
Zip 02908		Zip 02909	
Secretary Name Angela Violeta Caxaj Gómez		Treasurer Name	
Street Address 56 Terrace Av.		Street Address	
City Providence	State R.I.	City	State
Zip 02909		Zip	
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 ROSA MOLINA		Director Name MARTA Diano	
Street Address 103 Rankin Ave		Street Address 30 Clyde St	
City Providence	State RI	City PROV	State RI
Zip 02908		Zip 02908	
Director Name Luis Oronoz		Director Name	
Street Address 103 Rankin Ave.		Street Address	
City Providence	State RI	City	State
Zip 02908		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative ROSA MOLINA			Date 4-17-19
Signature of Officer/Authorized Representative Rosa Molina			

SIGN DOCUMENT FILED

APR 17 2019

BY JATVF
A.A. 10:11 A.M.