RI SOS Filing Number: 201990515400 Date: 4/17/2019 10:11:00 AM

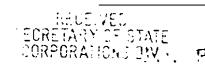


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018



2019 APR 17 AH IO: 10

→ 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	2. Exact name of the Corporation			
102955	Iglesia de Cristo Del Logos AL Rhema			
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island			
V_L	<pre>chuech.</pre>			
4. NAICS Code	To preach the gospel OF Jesus.			
831110 and Ebenezee Doctrine				
6. Principal Office Address		City	State	Zıp
103 Rankin Ave		Praidence.	R.I.	UZ908
7. List ALL officers (names and addresses) Check the box to indicate an attach				e an attachment
President Name R.OSA M.O	Lina	Vice-President Name, Kexin Golman Leonardo Diego		
Street Address	Street Address			
103 Rantin Aul. 56 terrace Av.				T
Peouide nce	State Zip DZ908	Plousdance	State 2.1	^{Zip} 029 09
Secretary Name		Treasurer Name		
Angela Violeta (axaj Comez Street Address		Street Address		
56 Terrace Au.		0.000.000		
City Providence	State Zip 02909	City	State	Zıp
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				
Director Name		Check the box to indicate an attachment Director Name		
1205A n	rolina	MARTA Diano		
Street Address 103 Pank		Street Address 30 Clude 5+		
City Providence	State Zip 02908	City PROU	State 2	Zip 102908
Director Name Luis Ordone 7.		Director Name		
Street Address Rantin Aue.		Street Address		
on providence	State Zip O 250 8.	City	State	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.				
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	
1205A Molina			4-17-19	
Signature of Officer/Authorized Representative Pora molina SIGN DOCUM FILED				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 7 2019

BY JAJVF A.A. 10:11 A.M