

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

REUELVED SECRETARY OF STATE CORPORATIONS BY:

2019 APR 17 AHIO: 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 Evact name of	the Corporation				
I	2. Exact name of the Corporation					
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1 17	I					
	Chuech.					
4 MAICS CODE TO PREACH the GOSPEL OF JESUS.						
831110 and Ebenezee Doctreine						
6. Principal Office Address			City	State	Zıp	
103 Rankin Ave			Praidence.	$R \cdot I$	02908	
7. List ALL officers (names and addre	Check the box to indicate an attachment					
President Name			Vice-President Name			
ROSA MOUNA			Kevin Golman Leonardo Diego			
Street Address 103 Rantin Aul.			Street Address 56 terrace Av			
Peouidence :	State 2 T	Zip 02908	Plous dence	State 2.1	Zip 029 09	
Secretary Name			Treasurer Name			
Angela Violeta Caxaj Gómez Street Address			Street Address			
SIN TOURCE AU			Street Address			
City Providence	State 2.1	Z1p 02909	City	State	Zıp	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Check the box to indicate an attachment						
Posa molina			MARTA Diano			
Street Address			Street Address			
103 Ranki		_	30 Clyde	51 	Τ-	
City Providence	State PT	D2908	City PROU	State 2	02.908	
Director Name Luis Ordone z.			Director Name			
Street Address Rankin Auc.			Street Address			
	State Ž I	Zip 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 DOCUME 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

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