



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

Annual Report for the year:  
Non-Profit Corporation

2018

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF  
CORPORATIONS  
2019 MAY - 7 PM 12:54

1. Entity ID Number <b>107419</b>		2. Exact name of the Corporation <b>The Church of God Pentecostal Standard Jehovah's</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>48 Prescott St (Prescott)</b>		City <b>Providence</b>		State <b>RI</b>	
				Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Agustina Marciano</b>			Vice-President Name <b>Basilio Marciano</b>		
Street Address <b>42 Edgemere Ave</b>			Street Address <b>42 Edgemere Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Agustina Marciano</b>			Director Name <b>Basilio Marciano</b>		
Street Address <b>42 Edgemere Ave</b>			Street Address <b>42 Edgemere Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Carmen Rivera</b>			Director Name		
Street Address <b>287 Manton Ave 2nd Fl</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	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.					
<b>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.</b>					
<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 <b>Agustina Marciano</b>					Date
Signature of Officer/Authorized Representative <b>Agustina Marciano</b>					<b>FILED</b>

MAY 07 2019 12:54  
BY **KLNTGQZ**