



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

SECRETARY OF STATE  
CORPORATION DIV

Annual Report for the year:  
Non-Profit Corporation

2019.

2019 JUN -7 PM 12:15

→ 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 1674063		2. Exact name of the Corporation Iglesia Pentecostal El Amor de Dios Restaurada	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110.			
6. Principal Office Address 45 Bissell		City Providence	State RI Zip 02909
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Margarita Castro		Vice-President Name Miana Rodriguez	
Street Address 50 Linwood Ave		Street Address 51 Ansel Ave	
City Providence	State RI Zip 02909	City Providence	State RI Zip 02907
Secretary Name Sally Jafary		Treasurer Name	
Street Address 993 Manton Ave Apt 504		Street Address	
City Providence	State RI Zip 02909	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Margarita Castro		Director Name Sally Jafary	
Street Address 50 Linwood Ave		Street Address 993 Manton Ave	
City Providence	State RI Zip 02909	City Providence	State RI Zip 02909
Director Name Mariano Ramirez		Director Name Marie Rodriguez	
Street Address 50 Linwood Ave.		Street Address 51 Ansel Ave	
City Providence	State RI Zip 02909	City Providence	State RI Zip 02907
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 Margarita Castro		Date 6/7/19	
Signature of Officer/Authorized Representative Margarita Castro		FILED JUN 07 2019	

MAIL TO:  
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