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

SECRETARY OF STATE
CORPORATIONS DIV
2019 JUN -7 PM 12: 15

Annual Report for the year: 2019.
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.

1. Entity ID Number: 1674063	2. Exact name of the Corporation: Iglesia Pentecostal El Amor de Dios Restaura
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	City	State	Zip
45 Bissell	Providene	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Margarita Castro			Mana 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 Jafany			Treasurer Name		
Street Address: 993 Manton Ave Apt 504			Street Address		
City: Providene	State: RI	Zip: 02909	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Margari — Check the box to indicate an attachment ☐

Director Name			Director Name		
Margarita Castro			Sally Jafany		
Street Address: 50 Linwood Ave			Street Address: 993 Manton Ave		
City: Providene	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name: Mariano Ramirez			Director Name: Mana Rodriguez		
Street Address: 50 Linwood Ave.			Street Address: 51 Ansel Ave		
City: Providence	State: RI	Zip: 02909	City: Providene	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		Date
Margarita Castro	**FILED**	6/7/19
Signature of Officer/Authorized Representative: Margarita Castro	JUN 07 2019	

BY: [illegible] 12:15

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019