



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

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.

FILED

STAMP

JUN 10 2019

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1. Entity ID Number 000694267		2. Exact name of the Corporation Christian Coalition for Political Action			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Advocacy and involvement of the Christian community in the political electoral process in the state of Rhode Island.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 677 Cranston Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eulogio Acevedo			Vice-President Name Mercedes G. Perez		
Street Address 69 Woodman Street			Street Address 60 Prairie Avenue Apt. 94		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02905
Secretary Name Maryelyn Alba Acevedo			Treasurer Name Stephanie Acevedo		
Street Address 677 Cranston Street			Street Address 677 Cranston Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eulogio Acevedo			Director Name Antonio A. Alba		
Street Address 69 Woodman Street			Street Address 100 Atwells Avenue Apt. 504		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02903
Director Name Stephanie Acevedo			Director Name Maryelyn Alba Acevedo		
Street Address 677 Cranston Street			Street Address 677 Cranston Street		
City Providence	State RI	Zip 02907	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MARYELYN Alba Acevedo, Secretary					Date 6/6/2019
Signature of Officer/Authorized Representative <i>Maryelyn Alba Acevedo, Secretary</i>					SIGN DOCUMENT HERE

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