



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 13 PM 3:40

1. Entity ID Number 001663043		2. Exact name of the Corporation Iglesia Pentecostal Alfa y Omega			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Praise - Preach the word of GOD. Help those in need.			
4. NAICS Code 813110					
6. Principal Office Address 500 Broad St		City Prov.	State RI	Zip 02907	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Maria Luisa Rodriguez		Vice President Name Francisco Corton			
Street Address 40 Anthony St		Street Address 467 Public St			
City Prov.	State RI	Zip 02907	City Prov.	State RI	Zip 02907
Secretary Name Desiree Corton		Treasurer Name Eufemia Lopez			
Street Address 497 Public St		Street Address 101 Byfield St			
City Prov.	State RI	Zip 02907	City Prov.	State RI	Zip 02905
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 Maria Luisa Rodriguez		Director Name Francisco Corton			
Street Address 40 Anthony St		Street Address 467 Public St			
City Prov.	State RI	Zip 02907	City Prov.	State RI	Zip 02907
Director Name Eufemia Lopez		Director Name Maria Feliciano			
Street Address 101 Byfield St		Street Address 948 Branch Ave			
City Prov.	State RI	Zip 02905	City Prov.	State RI	Zip 02904
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.					
<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 Maria Feliciano					Date 6/13/19
Signature of Officer/Authorized Representative <i>Maria Feliciano</i>					

SIGN DOCUMENT

FILED

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BY *Ch J6RO6*

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov