



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 STATE
 CORPORATIONS DIV
 2019 JUN 26 PM 1:03

1. Entity ID Number 001659759		2. Exact name of the Corporation Iglesia Jehova-Nissi	
3. State of Incorporation R-I		5. Brief description of the character of business conducted in Rhode Island Bible studies, Congregate to worship	
4. NAICS Code 813110		Teach the bible and is a christ centered church	
6. Principal Office Address 15 Atlantic Ave		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 Luis Nunez		Vice-President Name Claudia Nunez	
Street Address 15 Atlantic Ave		Street Address 15 Atlantic Ave	
City Providence	State RI	Zip 02907	City Providence
			State RI
			Zip 02907
Secretary Name Ana Perez		Treasurer Name EVA Hernandez	
Street Address 39 Commodore St		Street Address 89 Moorefield St	
City Providence	State RI	Zip 02904	City Providence
			State RI
			Zip 02909
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 Ana Perez		Director Name Gabriel Corea	
Street Address 39 Commodore St		Street Address 87 Moorefield St	
City Providence	State RI	Zip 02904	City Providence
			State RI
			Zip 02909
Director Name Eva Hernandez		Director Name	
Street Address 87 Moorefield St		Street Address	
City Providence	State RI	Zip 02909	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.			
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 Claudia Nunez			Date 6-27-19
Signature of Officer/Authorized Representative Claudia Nunez			FILED

JUN 26 2019

BY MS55C

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov