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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual Report for the year: | 2019 | 9 |
|-----------------------------|-------|---|
| Non-Profit Corporation | - 301 | |

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 JUN 27 AM 10: 46

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

| | <u> </u> | | | |
|---|--|---|--|---|
| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
| 000122619 | Fountain of Sa | luation Christi | an Chur | ch |
| State of Incorporation | 5. Brief description of the chara- | cter of business conducted in Rhoo | de Island , , | 1 .0 01 |
| RHode Island | To treach the wo | cter of business conducted in Rhood of God, and To God. and To Prol | ide a bet | ne reopie Ter lise. |
| 4. NAICS Code 8/3//0 | and Helling Per | ople abandonea | 1 to Have y | good life |
| 6. Principal Office Address | <u>. </u> | City | State | Zip |
| 131 River ore | | Providence | RI | 02908 |
| 7. List ALL officers (names and add | dresses) | | Check the box to indica | ate an attachment |
| President Name Jose A Roc | lsiquez | Vice-President Name, BeTon | Rodrigu | 102 |
| Street Address | ,) - e | Street Address | ove | ~- |
| Providence | State Zip 02908 | Providenc | e State | Zip 02908 |
| and sea (+1/ | | Treasurer Name | | 100 10 11 |
| Street Address/ | 112 | Street Address | unit 2 | |
| east Providence | · · · · · · · · · · · · · · · · · · · | city EAST Providen | State | Zip 0 29/5 |
| | | | | 10/0-17.7 |
| 8. List ALL directors (names and ac | ddresses). RI Corporations MUS1 | list at least THREE directors. | Check the box to indica | ate an attachment |
| Director Name | | Director Name | Check the box to indica | ate an attachment |
| Director Name , Road Street Address | Priaue 2 | | Check the box to indicate of the control of the con | ate an attachment |
| Director Name BETANIA ROG Street Address 131 RIVER OF Gibb | Priguez | Director Name Picha Street Address 3 Smith | rdo 1891 40 | zip |
| Director Name , BETANIA ROC Street Address 131 RIVER OF | Priguez e Spales I Zip O2908 | Director Name Picha Street Address Smith City PYOUIDENCE Director Name | Check the box to indicate of the state of th | 5 02908 |
| Director Name BETANIA ROG Street Address 131 RIVER OF City OULDENCE Director Name T | Priguez e Spale Zip DID | Director Name ANA Picha Street Address Smith City VOUIDENCE Director Name Zimbert Street Address | rdo APT 40 State RI Polanco | 5 02908 |
| Director Name BETANIA ROG Street Address 131 RIVER OF City VOULDENCE Director Name MAYLO TOYL Street Address | Priguez States Zip 02908 API Zip States Zip | Director Name ANA Picha Street Address Smith City VOUIDENCE Director Name Zimbert Street Address | rdo APT 40 State RI Polanco | 5 02908 |
| Director Name BETANIA ROG Street Address 131 RIVER OF City VOULDENCE Director Name MCYLO TORI Street Address 37 ONTARIO 57 | Priguez States Zip DID APT Z States Zip Zip DID Zip Zip Zip Zip Zip Zip Zip Zi | Director Name Picha ANA Picha Street Address J. 3 Smith City PYOUIDENCE Director Name Zimbest Street Address JOO Harold 3 City PYOUIDENCE | rdo APT 40 State RI Polanco + APT 2 State RI | Zip 02908 |
| Director Name BETANIA ROC Street Address 131 RIVER OF City VOULDENCE Director Name MAYLO TOYI Street Address 37 ONTA (L) 57 City Providence 9. Registered Agent in Rhode Islan Under penalty of perjury, I declar | State Zip 02908 State Zip 02908 API Zip 02908 State Zip 02907 ad. This information is currently of recovered and affirm that I have examinate the company of the compan | Director Name ANA PICAC Street Address Smith City VOUIDENCE Director Name INDEXT Street Address /OO Haral 3 City City City Ord in the Department of State. Change | Polanco State RI Polanco + AP+ 2 State RI state RI es require filing Form 64 | Zip 02908 |
| Director Name BETANIA ROC Street Address 131 RIVER OF City VOULDENCE Director Name MICYLO TOYL Street Address 37 ONTA CLO 57 City City Couldence 9. Registered Agent in Rhode Island | State Zip O 290 8 State Zip O 290 8 State Zip O 290 8 A P I Zip O 290 7 Ind. This information is currently of records and affirm that I have examinates contained herein are true as | Director Name ANA PICHO Street Address Smith City VOUIDENCE Director Name LIMDENT Street Address IOO Harold S City City City City City Covidence ord in the Department of State. Change and correct. | State RI POIGNCO + AP+ 2 State RI State RI State RI State RI State RI es require filing Form 64 companying schedu | Zip 02908 Zip 02908 11. ules and |
| Director Name BETANIA ROG Street Address 131 RIVER OF City NOULDENCE Director Name MAYLO TOYI Street Address 37 ONTACLO 57 City COULDENCE 9. Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Press Name of Officer/Authorized Repress 1 A County County Name of Officer/Authorized Repress 1 A County County Street Address 131 RIVER OF OFFICE Street Address 132 RIVER OF OFFICE Street Address 134 RIVER OF OFFICE Street Address 137 RIVER OF OFFICE STREET | State Zip 02908 State Zip 02908 L APL Zip 02908 State Zip 02907 Id. This information is currently of record and affirm that I have examinate contained herein are true assident, Vice-President, Secretary, Assistant sentative. | Director Name ANA PICHO Street Address Smith City VOUIDENCE Director Name LIMDENT Street Address IOO Harold S City City City City City Covidence ord in the Department of State. Change and correct. | State RI POIGNCO + AP+ 2 State RI State RI State RI State RI State RI es require filing Form 64 companying schedu | Zip 02908 Zip 02908 11. ules and |
| Director Name BETANIA ROC Street Address 131 RIVER OF City VOULDENCE Director Name MCYLO TOYI Street Address 37 ONTA CLO 57 City PROVIDENCE 9. Registered Agent in Rhode Islan Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Present | State Zip 02908 State Zip 02908 L APL Zip 02908 State Zip 02907 Id. This information is currently of record and affirm that I have examinate contained herein are true assident, Vice-President, Secretary, Assistant sentative. | Director Name ANA PICHO Street Address Smith City VOUIDENCE Director Name LIMDENT Street Address IOO Harold S City City City City City Covidence ord in the Department of State. Change and correct. | Polanco State RI Polanco + AP+ 2 State RI state RI es require filing Form 64 companying schedu esentative, Receiver or Trus | Zip 02908 Zip 02908 11. ules and |
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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY On 6ZN3X