



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

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

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1. Entity ID Number <b>000122619</b>		2. Exact name of the Corporation <b>Fountain of salvation Christian Church</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To Preach the word of God, and to Teaching the People a life pleasing To God. and To Provide a better life. and Helping People abandoned to Have good life.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>131 River ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jose A Rodriguez</b>		Vice-President Name <b>Betania Rodriguez</b>	
Street Address <b>131 River ave</b>		Street Address <b>131 River ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Secretary Name <b>Andrea Gil</b>		Treasurer Name <b>Lesly Gil</b>	
Street Address <b>123.5TH st UNIT 2</b>		Street Address <b>123 5TH st unit 2</b>	
City <b>east Providence</b>	State <b>RI</b>	City <b>east Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Betania Rodriguez</b>		Director Name <b>ANA Pichardo</b>	
Street Address <b>131 River ave</b>		Street Address <b>243 Smith Apt 405</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Director Name <b>Maria Toribio</b>		Director Name <b>Lambert Polanco</b>	
Street Address <b>37 ontario st Apt 2</b>		Street Address <b>100 Harold st Apt 2</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02908</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Pastor: Jose A. Rodriguez</b>		Date <b>6/28/19</b>	
Signature of Officer/Authorized Representative <b>Jose A. Rodriguez</b>		<b>FILED</b>	

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

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BY: AN 62N3X