State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 27 AM 10:46

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.

1. Entity ID Number	2. Exact name of the Corporation
000122619	Fountain of salvation christian church
3. State of Incorporation: RHode Island	5. Brief description of the character of business conducted in Rhode Island: 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
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
131 River ave	Providence	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name,
Jose A Rodriguez	Betania Rodriguez
Street Address: 131 River ave	Street Address: 131 River ave
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
Secretary Name: Andrea Gil	Treasurer Name: Lesly Gil
Street Address: 123 5TH st unit 2	Street Address: 123 5TH st unit 2
City: east Providence, State: RI, Zip: 02915	City: East Providence, State: RI, Zip: 02915

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Betania Rodriguez	ANA Pichardo
Street Address: 131 River ave	Street Address: 243 smith APt 405
City: Providence, State: RI, Zip: 02908	City: Providence, State: RI, Zip: 02908
Director Name: Maria Toribio	Director Name: Limbert Polanco
Street Address: 37 ontario st APt 2	Street Address: 100 Harold st APt 2
City: Providence, State: RI, Zip: 02907	City: Providence, State: RI, Zip: 02908

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: Pastor: Jose A. Rodriguez — Date: 6/25/19

Signature of Officer/Authorized Representative: Jose A. Rodriguez — SIGN DOCUMENT HERE

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JUN 27 2019
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BY: [illegible]

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

FORM 631 - Revised: 03/2019