



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year:
Non-Profit Corporation

2019

2019 SEP 18 P 1:19

- 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 000504997		2. Exact name of the Corporation Iglesia Pentecostal Mi Redentor Vire	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A Christian church for congregation worship	
4. NAICS Code 813110			
6. Principal Office Address 198 Arnold St.		City Woonsocket	State R.I.
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Cynthia L. Fernandez		Vice-President Name Rody A. Fernandez	
Street Address 292 Ninth Ave		Street Address 292 Ninth Ave	
City Woonsocket	State R.I.	Zip 02895	City Woonsocket
State R.I.	Zip 02895	City Woonsocket	State R.I.
City Woonsocket	State R.I.	Zip 02895	City Woonsocket
Secretary Name Luz B. Robles		Treasurer Name Jessica Rodriguez	
Street Address 55 Longmont St.		Street Address 228 Baker St.	
City Providence	State R.I.	Zip 02908	City Providence
State R.I.	Zip 02908	City Providence	State R.I.
City Providence	State R.I.	Zip 02905	City Providence
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 Raquel Vasquez		Director Name Cynthia L. Fernandez	
Street Address 675 Elmwood Ave		Street Address 292 Ninth Ave	
City Providence	State R.I.	Zip 02905	City Woonsocket
State R.I.	Zip 02905	City Woonsocket	State R.I.
City Woonsocket	State R.I.	Zip 02895	City Woonsocket
Director Name Evangelina Malare		Director Name	
Street Address 99 Roosevelt St.		Street Address	
City Providence	State R.I.	Zip 02909	City
State R.I.	Zip 02909	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.			
<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 Cynthia L. Fernandez			Date 9-18-19
Signature of Officer/Authorized Representative 			

FILED

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

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