



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

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R.I. DEPT. OF STATE  
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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.

2019 OCT 16 P 12:18

1. Entity ID Number <u>1686896</u>		2. Exact name of the Corporation <u>Iglesia Casa de Union y Fuego de Jehova International</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To offer Services for spiritual support, to assist the homeless and people in need with basic needs such, clothing, food and love.</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>85 industrial circle mailbox 7</u>		City <u>Lincoln</u>	State <u>R.I.</u>
		Zip <u>02865</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Johanna Rosado</u>		Vice-President Name	
Street Address <u>85 industrial circle</u>		Street Address	
City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <u>Johanna Rosado</u>		Director Name <u>Marangeliz villar</u>	
Street Address <u>85 industrial circle, Lincoln, RI 02865</u>		Street Address <u>12 Woodward st.</u>	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
City <u>Cumberland</u>	State <u>R.I.</u>	Zip <u>02864</u>	
Director Name <u>ANA Gonzalez</u>		Director Name	
Street Address <u>301 main st.</u>		Street Address	
City <u>Pawtucket</u>	State <u>R.I.</u>	Zip <u>02860</u>	
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 <u>Johanna Rosado</u>		Date <u>10/15/19</u>	
Signature of Officer/Authorized Representative <u>Johanna Rosado</u>			

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

**FILED**  
OCT 16 2019  
BY JB PHK9C