



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

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2019 OCT 16 P 12:18

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.

1. Entity ID Number <b>1686896</b>		2. Exact name of the Corporation <b>Iglesia Casa de Union y Fuego de Jehova International</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To offer Services for spiritual support, to assist the homeless and people in need with basic needs such, clothing, food and love.</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>85 industrial circle mailbox 7</b>		City <b>Lincoln</b>	State <b>R.I.</b>
		Zip <b>02865</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>Johanna Rosado</b>		Vice-President Name	
Street Address <b>85 industrial circle</b>		Street Address	
City <b>Lincoln</b>	State <b>R.I.</b>	City	State
	Zip <b>02865</b>		Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 <b>Johanna Rosado</b>		Director Name <b>Marangeliz villar</b>	
Street Address <b>85 industrial circle, Lincoln, RI 02865</b>		Street Address <b>12 Woodward st.</b>	
City <b>Lincoln</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>R.I.</b>
	Zip <b>02865</b>		Zip <b>02864</b>
Director Name <b>ANA Gonzalez</b>		Director Name	
Street Address <b>301 main st.</b>		Street Address	
City <b>Pawtucket</b>	State <b>R.I.</b>	City	State
	Zip <b>02860</b>		Zip
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>Johanna Rosado</b>		Date <b>10/15/19</b>	
Signature of Officer/Authorized Representative <i>Johanna Rosado</i>			

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**