



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

Annual Report for the year:
Non-Profit Corporation

2019

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CORPORATIONS DIV

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- 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 001682492		2. Exact name of the Corporation Iglesia Pentecostal La Fe no Fingida	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preach the word of God	
4. NAICS Code 813110			
6. Principal Office Address 12 Cambridge st apt #2		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Luz A Rivera		Vice-President Name Angel M. Rivera	
Street Address 12 Cambridge st apt #2		Street Address 12 Cambridge st apt #2	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Luz Rodriguez		Treasurer Name Abner M. Rivera	
Street Address 83 terrace ave		Street Address 12 Cambridge st apt #2	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02908	
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 Luz A Rivera		Director Name Angel M. Rivera	
Street Address 12 Cambridge st apt #2		Street Address 12 Cambridge st apt #2	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Luz A Rodriguez		Director Name	
Street Address 83 terrace ave		Street Address	
City Providence	State RI	City	State
Zip 02909		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.			
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 <i>[Signature]</i>		Date 10-18-19	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED <i>[Signature]</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

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BY *[Signature]* /H7CH
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