



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 OCT 21 AM 9:38

- 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	Zip 02908	City Providence	State RI	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	Zip 02909	City Providence	State RI	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	Zip 02908	City Providence	State RI	Zip 02908
Director Name Luz A Rodriguez			Director Name		
Street Address 83 terrace ave			Street Address		
City Providence	State RI	Zip 02909	City	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 Luz A Rivera					Date 10-18-19
Signature of Officer/Authorized Representative <i>Luz A Rivera</i>					FILED

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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