



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

2020 JAN -3 PM 12: 37
 SECRETARY OF STATE
 CORPORATIONS DIV.

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.

1. Entity ID Number 0010084605		2. Exact name of the Corporation Iglesia Bautista Kerygma	
3. State of Incorporation P.I.		5. Brief description of the character of business conducted in Rhode Island Reach out to the community with the Gospel of Jesus Christ.	
4. NAICS Code 813110			
6. Principal Office Address 560 Mineral Spring Ave.		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edgar Chacon		Vice-President Name Mirsha Arroyave	
Street Address 1357 Pawtucket Avenue		Street Address 1357 Pawtucket Avenue	
City Rumford	State RI	City Rumford	State RI
Zip 02916		Zip 02916	
Secretary Name Hassler Chacon		Treasurer Name Carmen Marquez	
Street Address 1357 Pawtucket Avenue		Street Address 66 Champlin St.	
City Rumford	State RI	City Pawtucket	State RI
Zip 02916		Zip 02860	
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 Alberto Tolosa		Director Name Alexander Giraldo	
Street Address 142 Pond St		Street Address 82 Oakdale Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Maura Nuñez		Director Name	
Street Address 142 Pond St		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Edgar Chacon			Date 01-03-2020
Signature of Officer/Authorized Representative Edgar Chacon			

FILED

JAN 03 2020

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