



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

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 2020 JAN - 3 PM 12: 37

Annual Report for the year: 2017
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 001008465		2. Exact name of the Corporation Iglesia Bautista Ker Ygma	
3. State of Incorporation R.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		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 Mirna Arroyave	
Street Address 1357 Pawtucket Avenue		Street Address 1357 Pawtucket Avenue	
City Rumford	State RI	Zip 02916	City Rumford
			State RI
			Zip 02916
Secretary Name Hassler Chacon		Treasurer Name Carmen Marquez	
Street Address 1357 Pawtucket Avenue		Street Address 66 Champlin St.	
City Rumford	State RI	Zip 02916	City Pawtucket
			State RI
			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	Zip 02860	City Pawtucket
			State RI
			Zip 02860
Director Name Maura Nuñez		Director Name	
Street Address 142 Pond St		Street Address	
City Pawtucket	State RI	Zip 02860	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.			
<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

BY **KL ASD 99**

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MAIL TO:
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