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

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BUS SVCS DIV
2020 MAY 21 PM 12:46

Annual Report for the year: 2020
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: 104120	2. Exact name of the Corporation: Iglesia Pentecostes Mi Casa de Oración
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
201 Pocasset avenue	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Juan Fonseca	43 Parnell street	Providence	RI	02909

Vice-President Name	Street Address	City	State	Zip
none	none	none	none	none

Secretary Name	Street Address	City	State	Zip
Mirna Carillo	46 Regent Avenue #3	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
none	none	none	none	none

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Juan Fonseca	43 Parnell Street	Providence	RI	02909
Edgar Alvarez	44 Bancroft	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Lusbin E. Gomez	46 Regent Avenue	Providence	RI	02908
none	none	none	none	none

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	Date
JUAN Fonseca	05/21/2020

Signature of Officer/Authorized Representative: Juan Fonseca

SIGN DOCUMENT **FILED**
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MAIL TO:
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