



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

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.

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 R.I. DEPT. OF STATE
 BUS SYCS DIV
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1. Entity ID Number 000543329		2. Exact name of the Corporation Iglesia Rio de Vida			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To worship God, make disciples, evangelize and provide fellowship within community.			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 92 Narragansett Ave.		City Providence	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tommy D. Benzant		Vice-President Name			
Street Address 69 Trask St.		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Juana Sanchez		Director Name Juan Rodriguez			
Street Address 71 Bridgham St. Apt. O - 04		Street Address 102 Calla St.			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02905
Director Name Francisca Torres		Director Name			
Street Address 245 Mountpleasant Ave.		Street Address			
City Providence	State RI	Zip 02908	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 Tommy D Benzant				Date 05/20/2020	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE		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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 FORM 631 - Revised: 06/2019