RI SOS Filing Number: 202040924140 Date: 5/27/2020 8:41:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020

SOZO MAY 27 STATE STAMP

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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Entity ID Number	,				
001672703	Iglesia Rio De Agua Viva Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
	Church, a religious nonprofit corporation doing religious services				
4. NAICS Code	1				
813110 - Religious Organiza					
6. Principal Office Address			City	State	Zip
47 Wood Ave			Barrington	RI	02806
7. List ALL officers (names and add	resses)		··· <u>·</u>	Check the box to indica	te an attachment
President Name Xiomara J Chi			Vice-President Name Wendy Guembes		
Street Address 47 Wood Ave			Street Address 416 S. Coronado Street		
City Barrington	State RI	^{Zip} 02806	City Los Angeles	State CA	^{Zip} 90057
Secretary Name Aurora Montero			Treasurer Name Ruben Andres Chi		
Street Address 416 S. Coronado Street			Street Address 416 S. Coronado Street		
City Los Angeles	State CA	^{Zip} 90057	City Los Angeles	State CA	Zip 90057
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	fist at least THREE directors.	Check the box to indica	ite an attachment
Director Name Xiomara J Chi			Director Name Wendy Guembes		
Street Address 47 Wood Ave			Street Address 416 S. Coronado Street		
City Barrington	State RI	^{Zip} 02806	City Los Angeles	State CA	^{Zip} 90057
Director Name Aurora Montero			Director Name Ruben Andres Chi		
Street Address 416 S. Coronado Street			Street Address 416 S. Coronado Street		
City Los Angeles	State CA	^{Zip} 90057	City Los Angeles	State CA	^{Zip} 90057
9. Registered Agent in Rhode Islan	nd. This information	on is currently of reco	rd in the Department of State. Char	nges require filing Form 64	1.
Under penalty of perjury, I decla statements, and that all stateme	re and affirm ti nts contained	hat I have examine herein are true an	ed this report, including any a d correct.	accompanying schedu	les and
This report must be signed by either the Pre	sident, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authonzed Re	presentative, Receiver or Trust	
Name of Officer/Authorized Representative				Date	
Xiomara J Chi — (m)		05/19/2020	
Signature of Officer/Authorized Rep	nesentative	SIGN DOC	CUMENT HERE	ED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 9:41 MAY 27 2020 BY JY YQAS

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