



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

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 27 AM 8:39
FOR SECRETARY OF STATE
FILE ONLY

1. Entity ID Number 001672703		2. Exact name of the Corporation 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 813110 - Religious Organiza					
6. Principal Office Address 47 Wood Ave		City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Xiomara J Chi — President					Date 05/19/2020
Signature of Officer/Authorized Representative <i>Xiomara Chi</i>					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

8:41 MAY 27 2020

BY *Y4QAS*

FORM 631 - Revised: 06/2019