



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

Annual Report for the year: **2018**
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 STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 27 AM 8:38
FOR SECRETARY OF STATE
USE 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	City Los Angeles	State CA
Zip 02806		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	City Los Angeles	State CA
Zip 90057		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	City Los Angeles	State CA
Zip 02806		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	City Los Angeles	State CA
Zip 90057		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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

8:39 **FILED**
MAY 27 2020

BY *gby 4QAS*