



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.

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1. Entity ID Number 1693067		2. Exact name of the Corporation Iglesia Pentecostal Alimentando Las Almas	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Help in the Community, Prayers, Bible study, serving the people.	
4. NAICS Code 813110			
6. Principal Office Address 22 Olneyville Square		City PROV	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose R. Morales		Vice-President Name Jacqueline Toliver	
Street Address 4 Barry Rd #2		Street Address 4 Barry Rd #2	
City PROV	State RI	City PROV	State RI
Zip 02909		Zip 02909	
Secretary Name Daisy Alicea		Treasurer Name Jose M. Rodriguez	
Street Address 583 June St		Street Address 66 Beaufort St	
City PROV	State RI	City PROV	State RI
Zip 02908		Zip 02908	
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 Jacqueline Toliver		Director Name Jose M. Rodriguez	
Street Address 4 Barry Rd #2		Street Address 66 Beaufort St	
City PROV	State RI	City PROV	State RI
Zip 02909		Zip 02909	
Director Name Daisy Alicea		Director Name	
Street Address 583 June St		Street Address	
City PROV	State RI	City	State
Zip 02909		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.			
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 Jose R. Morales		Date 6/23/2020	
Signature of Officer/Authorized Representative Jose R. Morales		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

JUN 23 2020
BY **1022 AA**