

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2020 JUN 23 PM 3: 52

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.

1. Entity ID Number	Iglesia Pentecustal Alimentando Las Almas		
1693061			
State of Incorporation	Brief description of the character of business conducted in Rhode Island		
RT	To Help in the Community, Prayers, Bible Study, serving the people.		
4. NAICS Code	serving the people.		
813110			
6. Principal Office Address		City	State Zip
22 OLNey ville	SquARE	City PROV	K# 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name JOSE R	- Morales	Vice-President Name]	Tolner
Street Address 4 Barry	Rd#2	Charles Address	142
City Peor	State R. I. 21p 6 2409	City PRN	State Ry Zip Z2809
Secretary Name Daisy	thicea	Treasurer Name Jose M	1. Rodriquez
Street Address 581 June ST		Street Address 66 Beaufort ST	
City PRIN	State R.F. Zip 2908	city Per	State R# Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name Jacquel	re Toliver	Director Name Tose	H. Rodriquez
Street Address 4 Barry	Rd #2	Street Address 66 Blu	
City PROV	State RF Zip D7404	\sim	State RF Zipo 2908
Director Name Daisy Alicean		Director Name	
Street Address 58 F Jun St		Street Address	
City Pen	State R. J. Zip 0 2 909	City	State Zip
9. Registered Agent in Rhode Islan	d This information is currently of record	in the Department of State. Changes req	uire 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			Date
			6/23/2020
Signature of Officer/Authorized Representative			
MAIL TO:	JUN 2 3 2020 A		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov BY 1022 HH

FORM 631 - Revised: 06/2017