RI SOS Filing Number: 202193449590 Date: 3/2/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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BUS SVCS DIV
2021 MAR -2 A 11:00

1. Entity ID Number	2. Exact name of the Corporation
158748	Iglesia Evangelica Pentecostal Columna y Baluarte de la Verdad
3. State of Incorporation: ~~PROV.~~ RI.	5. Brief description of the character of business conducted in Rhode Island: Church help to Homeless Predicar la Palabra de Dios
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
622 charles St	Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Fidelino Vargas		Vice-President Name: Patricia Salazar	
Street Address: 622 charles st		Street Address: 622 charles St	
City: prov RI	State: RI Zip: 02904	City: providence	State: RI Zip: 02904
Secretary Name: Claudia Salazar		Treasurer Name: Luvia Orozco	
Street Address: 622 Charles St		Street Address: 107 Harold St	
City: Providence	State: RI Zip: 02904	City: providence	State: RI Zip: 07908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Ima Orozco		Director Name: Milvia Zacarias	
Street Address: 107 Harold St		Street Address: 107 Harold st	
City: Providence	State: RI Zip: 07908	City: providence	State: RI Zip: 07908
Director Name: Jonatan Lantos		Director Name: Byron Zacarias	
Street Address: 413 Manton Av		Street Address: 107 Harold St	
City: Providence	State: RI Zip: 02909	City: Providence	State: RI Zip: 02908

9. The Registered Agent information of record with the RI Department of State is accurate. 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: Fidelino Vargas
Date: 3-02-21
Signature of Officer/Authorized Representative:

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

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MAR 02 2021
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11:00

FORM 631 - Revised: 08/2020