



State of Rhode Island
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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2021 MAR 29 P 2:38

1. Entity ID Number <u>107419</u>		2. Exact name of the Corporation <u>Church of God Pentecostal A Jehovah</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813110</u>		<u>Church</u>	
6. Principal Office Address <u>48 Pleasant st.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Agustina Marcano</u>		Vice-President Name <u>Basilio Marcano</u>	
Street Address <u>42 Edgemoor Ave.</u>		Street Address <u>42 Edgemoor Ave.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02909</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 <u>Agustina Marcano</u>		Director Name <u>Basilio Marcano</u>	
Street Address <u>42 Edgemoor Ave.</u>		Street Address <u>42 Edgemoor Ave.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02909</u>
Director Name <u>Coman Rivera</u>		Director Name	
Street Address <u>287 Montrose Ave.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 64 to			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>Agustina Marcano</u>		Date <u>P 4:13</u>	
Signature of Officer/Authorized Representative <u>Agustina Marcano</u>			

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MAIL TO:
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Website: www.sos.ri.gov