



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2016

- 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

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1. Entity ID Number 164425		2. Exact name of the Corporation Instituto Biblico de Providence	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A Institution that teach theological and Biblical classes in order to equip leaders in the church	
4. NAICS Code 813110			
6. Principal Office Address			
66 Commodore ST		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Israel Mercedes		Vice-President Name Fredy Disla	
Street Address 66 Commodore ST		Street Address 97 Miner ST	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Minerva Quiroz		Treasurer Name Loanay Roman	
Street Address 66 Pontiac Av		Street Address 147 Reservoir Av	
City Cranston	State RI	City Providence	State RI
Zip 02910		Zip 02907	
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 Rev. Israel Mercedes		Director Name Fredy Disla	
Street Address 66 Commodore ST		Street Address 97 Miner ST	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02907	
Director Name Minerva Quiroz		Director Name	
Street Address 66 Pontiac Av		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
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.			
<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 Rev. Israel Mercedes			Date 4/19/21
Signature of Officer/Authorized Representative <i>Rev. Israel Mercedes</i>			

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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