



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Annual Report for the year: 2021
 Non-Profit Corporation

2021 MAY -4 AM 11:34

- 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 634555		2. Exact name of the Corporation IGLESIA MISIONERA templo del gran Rey	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		church	
6. Principal Office Address 159 PEACE ST		2nd Floor's City PROVIDENCE	State RI Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CAROLINA SOTO		Vice-President Name JOHN BROWN	
Street Address 159 PEACE ST		Street Address 159 PEACE ST	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
State RI	Zip 02907	City PROVIDENCE	State RI
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
Secretary Name JUAN MESA		Treasurer Name OLGA LEONARDO	
Street Address 75 GLEN HAN ST		Street Address 187 99110 P ST AP 3	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
State RI	Zip 02907	City PROVIDENCE	State RI
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
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 JUANA BUENO		Director Name RADHAMEI SOTO	
Street Address 75 GLEN HAN ST		Street Address 159 PEACE ST	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
State RI	Zip 02907	City PROVIDENCE	State RI
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
Director Name Kedani Moreno		Director Name	
Street Address 78 FAIRVIEW ST		Street Address	
City PROVIDENCE	State RI	Zip 02908	City
State RI	Zip 02908	City	State
City	State	Zip	City
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 CAROLINA SOTO			Date 05/04/2021
Signature of Officer/Authorized Representative Carolina Soto			

FILED
 MAY 04 2021
 BY XO.XXX AA.