RI SOS Filing Number: 202197332690 Date: 6/1/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division					
Annual Report for the year: Non-Profit Corporation → Filing period June 1 - June 30 → Filing Fee. \$20.00	2021	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV	\$1	AMC	
→ Penalty: Additional \$25.00 fee if	form is not filed by July 30.	2021 JUN -1 P 1:-22	ع ا		
1. Entity ID Number 2. Exact name of the Corporation COOSILIO DE TGIESIC					
968504 Jesucristo uncion + Poder					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	church morking for the				
4. NAICS Code	4. NAICS Code Commonity				
813990					
6. Principal Office Address		City	State	Zip	
101 Higginson	1 AU. Suite 105	Lincoln	RI	128 F2	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Matra Reyes		Vice-President Name			
Street Address 8870 Se	ector fito halle	Street Address			
Quebradilla	State Zip 06678	City	State	Zip	
Secretary Name AOA V	· GARCIA.	Treasurer Name			
Street Address 35 Shawn it AU. 37		Street Address			
city central falls	8 3 63. Sale 3.	City	State	Zıp	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Aida GAYCIA		Director Name Maricel A. Gagos			
Street Address 49 Utton 5+		Street Address 12229 Patriot Way			
city fawlicket	State T Zip 860	W. Green Wich	State	Zip OD8 M.	
Director Name 8 02+190	Alves Peixoto	Director Name		1.70-6-1	
Street Address 2229 Ratropoet Way Street Address					
City Greenwich	State Zig 2817	City	State	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.					
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 Repres	entative SACIA.		G-1-21		
Signature of Officer/Authorized Representative					
Que V. grie miso					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:22 1:22

FORM 631 - Revised: 08/2020