RI SOS Filing Number: 202197804980 Date: 6/2/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual	Report fo	or the	year:
Non-Pr	ofit Corp	oratio	n

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

S : 1437 5

→ Filing period: June 1 - June 30

→ Filing Fee. \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

.... 2 D 12: 3h

,	2021 JUN -2 12 2. 38					
1. Entity ID Number	2. Exact name of the Corporation	- L O	1			
568742		Crpsto Casa		Jubilo		
3. State of Incorporation		of business conducted in Rhode Isl		. 1		
K.J.	To teach and	e preach the Go	spel of	Jeous		
4. NAICS Code Religious	Most and by	orship God in Spi	rit and	Truth.		
8/3/10 oran	CM/137 02040 470 W					
6 Principal Office Address	. 0 4	City	State	Zıp		
1) Comstoci	K PKwy.	Cranston	KL	02921		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Eyuin	Galingo	Vice-President Name	nica (	Palindo		
Street Address A	naulico st.	Street Address 19 An	gelico	5+		
	State RJ Zip 02919	city Johnston	State	Zip 02919		
Secretary Name Diana	E. Gamez	Treasurer Name Saudva	_			
Street Address 125 Prov		Street Address 391	, I	うままし		
ciny West Warnick	State & Zip 02893	city Providence	State RT	Zip 02918		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Eruin	Galindo	Director Name		anuz		
Street Address 19 Angu	lico St.		Jastan	8t.#1		
city Johnston	State RI Zip 02919	city Providence	State R	Zip 02908		
Director Name Verwica Galindo. Director Name						
Street Address 19 Ang	elia St.	Street Address				
city Johnston	State RI Zip 029/9	City	State	Zip		
9. The Registered Agent information	n of record with the RI Department of	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, duty Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Represe	entative		Date 6/2	2021		
Signature of Officer/Authorized Representative//						
(Malust)						
MAIL TO:	1	FILED				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

JUN 02 2021 12:36

Add a New Director:

A Kuberk A. Cervantes

8 Earle Ave #2

attleboro, Ma. 02703