RI SOS Filing Number: 202197915190 Date: 6/8/2021 10:13:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

Stamp

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BUS SVCS DIV
2021 JUN -8 A 10:08

1. Entity ID Number	2. Exact name of the Corporation
288584	Iglesia de Cristo Rio de Dios
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religion/ Pentacostal Church
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
722 Charles Street	Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Luis A. Rosales			Vice-President Name: Rosalinda Rosales		
Street Address: 722 Charles Street			Street Address: 722 Charles Street		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02904
Secretary Name: Wendy D. Rosales			Treasurer Name: Lesly Rodriguez		
Street Address: 388 River Ave			Street Address: 12 Como Street		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Hugo Rodriguez			Director Name: Julio Angel		
Street Address: 12 Como Street			Street Address: 90 Perrin Ave		
City: Providence	State: RI	Zip: 02904	City: Pawtucket	State: RI	Zip: 02861
Director Name: Daniel Barrios			Director Name: Edy Gaitan		
Street Address: 388 River Ave			Street Address: 25 Isabella Ave		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

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 Representative	Date
Luis Rosales	6-7-21

Signature of Officer/Authorized Representative: [signature]

FILED
JUN 08 2021
BY [signature]
10:13

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020