



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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

STAMP

2021 JUN -8 A 10:08

1. Entity ID Number 288584		2. Exact name of the Corporation Iglesia de Cristo Rio de Dias	
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 722 Charles Street		City Providence	State RI
		Zip 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	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Wendy D. Rosales		Treasurer Name Lestly Rodriguez	
Street Address 388 River Ave		Street Address 12 Como Street	
City Providence	State RI	City Providence	State RI
Zip 02904		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	City Providence	State RI
Zip 02904		Zip 02861	
Director Name Daniel Barrios		Director Name Eduy Gaitan	
Street Address 388 River Ave		Street Address 25 Tabula Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		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 Luis Rosales			Date 6-7-21
Signature of Officer/Authorized Representative 			FILED