



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <b>84600</b>		2. Exact name of the Corporation <b>God Lifts the Fallen Pentecostal Church</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <b>813110</b>		<b>pastor - Church</b>	
6. Principal Office Address <b>492 Manton Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jimmy Montance</b>		Vice-President Name <b>Luz Santiago</b>	
Street Address <b>492 Manton Ave</b>		Street Address <b>92 Evergreen Dr. Apt-142</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>East Providence</b>	State <b>R.I.</b>
Zip <b>02909</b>		Zip <b>02904</b>	
Secretary Name <b>Garnet Iris Torres</b>		Treasurer Name <b>Lisandra Rosario</b>	
Street Address <b>91 Lenox Ave</b>		Street Address <b>6 Ringold St</b>	
City <b>Providence</b>	State <b>R.I.</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02903</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Rosalv Liviano</b>		Director Name <b>Lisandra Rosario</b>	
Street Address <b>37 Grover St. Apt 1</b>		Street Address <b>6 Ringold St</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02903</b>	
Director Name <b>Luz Santiago</b>		Director Name <b>Luz Santiago</b>	
Street Address <b>92 Evergreen Dr. Apt-142</b>		Street Address <b>92 Evergreen Dr. Apt-142</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Jimmy Montance</b>			Date <b>6/11/21</b>
Signature of Officer/Authorized Representative			

**FILED**

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

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