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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1. Entity ID Number	2. Exact name of the Corporation
84600	God Lifts the FAllen Pentecostal Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 813110	Pastor. - Church

6. Principal Office Address	City	State	Zip
492 Manton AVE	Providence	R I.	02909

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

President Name	Vice-President Name
Jimmy Montanez	Luz Santigo
Street Address: 492 manton AVE	Street Address: 92 Evergreen Dr. Apt-142
City: providence / State: R.I. / Zip: 02909	City: East provide / State: R I. / Zip: 02914
Secretary Name	**Treasurer Name**
Carmen Iris Torres	Lisandra Rosario
Street Address: 91 Lenox AVE	Street Address: 6 Ringold St
City: providence / State: R I. / Zip: 02907	City: providence / State: RI / Zip: 02903

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

Director Name	Director Name
Rosaly Liviano	Lisandra Rosario
Street Address: 37 Grover St. Apt 1	Street Address: 6 Ringold St
City: North Provda / State: RI / Zip: 02911	City: prov. / State: RI / Zip: 02903
Director Name	**Director Name**
	Luz Santigo
Street Address	**Street Address**
	92 Evergreen Dr. Apt-142
City / State / Zip	City: East prov. / State: RI / Zip: 02914

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
Jimmy Montanez	6/11/21

Signature of Officer/Authorized Representative

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JUN 11 2021 9:50

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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FORM 631 - Revised: 08/2020