



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2016

- 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 <u>000539469</u>		2. Exact name of the Corporation <u>Cristobal el camino Iglesia Pentecostal</u>		
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>		
4. NAICS Code <u>831110</u>				
6. Principal Office Address <u>584 D. main street</u>		City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name <u>Sandra Ocasio</u>		Vice-President Name		
Street Address <u>2255 Diamond hill rd Apt 11</u>		Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State <u>RI</u>
Secretary Name <u>Yiomariz Lopez</u>		Treasurer Name <u>Madira Lopez</u>		
Street Address <u>2255 Diamond hill rd</u>		Street Address <u>253 morin heights</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name <u>Maria Lopez</u>		Director Name <u>Maria J. Ocasio</u>		
Street Address <u>189 morin heights</u>		Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>
Director Name <u>Yamilet Lopez</u>		Director Name		
Street Address <u>2255 Diamond hill rd Apt G</u>		Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State
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 <u>Sandra Ocasio</u>				Date
Signature of Officer/Authorized Representative <u>Sandra Ocasio</u>				

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