State of Rhode Island

## **Department of State - Business Services Division**

Annual	Report 1	for the	e year:
Non-Pr	ofit Corp	oratio	on

2016

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

-> Filing period: June 1 - June 30

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

2021 HIN 14 P 1: 52

Penalty: Additional \$25.00 fee	ir form is not nied by J	ruly 30.		2021 JUN 14				
1. Entity ID Number		2. Exact name of the Corporation						
000539469	Cristoes el comino Iglesia Pentecostal							
3. State of Incorporation	5. Brief description	5. Brief description of the character of business conducted in Rhode Island						
Rhode T.Sland 4. NAICS Code	7							
X'51110		burch			7in			
6. Principal Office Address			City	State	Zip			
584 n. mais	1 Street	<b>-</b>	WOODSOCKet	- KJ	02395			
7. List ALL officers (names and a			Ch	eck the box to indi	icate an attachment			
President Name			Vice-President Name					
Sandra Oca	819		Street Address					
Street Address	dhillrd	AP+IL	Glectradioso					
City	State	Zip	City	State	Zip			
woonsocket_	KI	28850	Taranana Nama					
Secretary Name	07		Treasurer Name 4adica Lope	<u> </u>				
Street Address		· <u> </u>	Street Address	<u> </u>	_			
22CS Diamor	od pill ra		<del></del>	stales	Zip			
City	State 2 T	D2895	woonsorbet	S. R.I	02895			
8. List ALL directors (names and	addresses) RI Cor		st at least THREE directors.					
b. List ALE directors (names and			C	neck the box to ind	dicate an attachment			
Director Name			Director Name	212				
maria lopez			Maria J. OCASIO					
Street Address	eights_	. <u></u>	Olicet Address					
City	State	Zip	City	State	02895			
woonsocket	KI	02895	Director Name	1 17	<u>IOCOTIC</u>			
Director Name	P 7		Director Name					
Street Address		0 - 1 0	Street Address					
2255 Diamon	id hill ro	1 176+ C	···	State	Zip			
City	State	Zip 2.89.5	City	State	Zip			
O. The Registered Agent inform	nation of record with		t of State is accurate. Changes req	uire filing Form 6	641.			
9. The Registered Agent morning	selare and affirm th	at I have examine	ed this report, including any acco	mpanying sch	edules and			
statements, and that all state	ements contained h	erein are true an	a correct.					
This report must be signed by either the	President, Vice-Presiden	t, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repress	entative, Receiver or	Trustee.			
Name of Officer/Authorized Re				Date				
5001-000	.910			1				
Signature of Officer/Authorized	Representative							
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2024 you aco	<u> </u>	. "		٠.	14. ~W			
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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