



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 16 P 2:38

1. Entity ID Number 000799681		2. Exact name of the Corporation Iglesia La Sal de la tierra	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Trabajamos con la comunidad, con la juventud Trabajamos con la familia Hacemos servicios cristianos enseñamos la palabra de Dios	
4. NAICS Code 813212			
6. Principal Office Address 139 Broadway st		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pascuala Rivera		Vice-President Name Amado Rivera	
Street Address 249 Sayles st		Street Address 249 Sayles st	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Bryanna Miranda		Treasurer Name Aderline Acevedo	
Street Address 249 Sayles st		Street Address 65 Bancroft st	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Pascuala Rivera		Director Name Amado Rivera	
Street Address 249 Sayles st		Street Address 249 Sayles st	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Sandra Troche		Director Name	
Street Address 24 Tecusmeh st		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
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.			
<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 Pascuala Rivera			Date 6/16/21
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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BY: *[Signature]*
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