RI SOS Filing Number: 202198719210 Date: 6/28/2021 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division	
Annual Report for the year: Non-Profit Corporation 2021	SIAN
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

1. Entity ID Number	2. Exact name of the Corporation (UL) JUN 28 D D: 22						
001664214	2. Exact name of the Corporation Will JUN 28 P12: 22 Church of God in Providence Rhode Island (COGNE Spanis)						
3. State of Incorporation	ncorporation 5. Brief description of the character of business conducted in Rhode Island 4						
RI	5. Brief description of the character of business conducted in Rhode Island, region To perpetuate the Full Gospel DT Jesus						
4. NAICS Code	Christ in the Holy Spirit						
813110							
6. Principal Office Address		<u> </u>	City	State	Zip		
2 Felix st.			Providence	RI	02908		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Miguel Canacho			Vice-President Name				
Street Address			Street Address				
City Providence	State R	Zip 02908	City	State	Zip		
Secretary Name	<u> </u>	102100	Treasurer Name	<u> </u>	<u> </u>		
Street Address	Sec.		Chart Address				
	Street Address						
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name  Mignel Camach  Director Name Elmer Vidal				an allachment			
Street Address 50 Mints Rd.		Street Address					
City Providence	State Q	zip 62908	city of Forestst. H	State	Zip		
Dispotes Norma	<u> </u>	02700	Director Name	I MA	O2 767		
Street Address  Street Address  Street Address				<del></del>			
Street Address 106 Latici	24.		Olice Address		. <u>.</u>		
city Putnan	State	Zip 06260	City	State	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.							
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							
Miguel Camacho 6/28/2021							
Signature of Officer/Authorized Representative							
luis It ame			CILED				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JUN 28 2021 L SSMVR