



State of Rhode Island
Department of State - Business Services Division

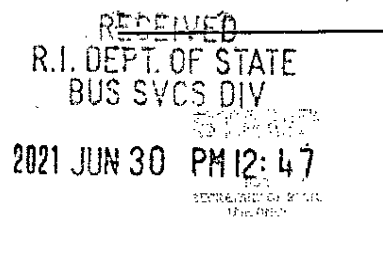
Annual Report for the year: **2020**

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.



1. Entity ID Number 001052337		2. Exact name of the Corporation Latin-American Council of the Pentecostal Church of God, Inc.			
3. State of Incorporation New York		5. Brief description of the character of business conducted in Rhode Island Name - Latin-American Council of the Pentecostal Church of God, Inc. To own and operate a church			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 661 Main Street			City Hackensack	State NJ	Zip 07601
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Santos Roman			Vice-President Name Samuel Cruz		
Street Address 661 Main Street			Street Address 661 Main Street		
City Hackensack	State NJ	Zip 07601	City Hackensack	State NJ	Zip 07601
Secretary Name Juan A. Sanchez			Treasurer Name Esteban Aponte		
Street Address 661 Main Street			Street Address 661 Main Street		
City Hackensack	State NJ	Zip 07601	City Hackensack	State NJ	Zip 07601
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 Santos Roman			Director Name Esbeban Aponte		
Street Address 661 Main Street			Street Address 661 Main Street		
City Hackensack	State NJ	Zip 07601	City Hackensack	State NJ	Zip 07601
Director Name Juan A. Sanchez			Director Name		
Street Address 661 Main Street			Street Address		
City Hackensack	State NJ	Zip 07601	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Santos Roman				Date 6/29/2021	
Signature of Officer/Authorized Representative <i>Santos Roman</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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JUN 30 2021

BY *AB 7WYYV*

FORM 631 - Revised: 08/2020