RI SOS Filing Number: 202198955500 Date: 6/30/2021 4:00:00 PM

State of Rhode Island	e - Business Services Div	vieion	<u> </u>	
pepartment of State	e - pranicaa aalaicsa Di/	VISIOII		
Annual Report for the year;	2021	A#45111PA	-	MAMP
ion-Profit Corporation	2021	RECEIVED R.I. DEPT. OF \$1	TATE	
→ Filing period: June 1 - June 30 , → Filing Fee: \$20.00		BUS SVES DI	Μ Υ	100 M
Penalty: Additional \$25.00 fee if fi	om is not filed by July 30.	2021 JUN 30 P		
1. Entity ID Number	2. Exact name of the Corporation	בין טכ אטר וגעג	12- 00	1
000793450	Fuente !	de Resto	إبارك	ion
3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island				
KL	Performing Religious Services and Preaching the tospel, of the Looard			
4. NAICS Code	Preaching th	ie toospel of.	the L	ooard
8/3/10 and Related Activities				
6. Principal Office Address	<u> </u>	City	State	Zip
119 River	A Ve	Providence	RT	02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name AVS	Navarro	Vice-President Name	D	
Street Address R SIR C	AVE	Super Addinss WO/COO	1.7	6
convidence	State T 82908	City iddle notardly	State	20 02842
Secretary Name		Treasurer Name	- 1)	p~6.72
Street Address		Street Address Wolcott AVE		
Chy Change	State / Zip	City 11/	State	Z102842
8 List All directors (names and ac	dresses). RI Corporations MUST lis	Middle ntown	FL	02010
o. Dat ALC directors (names and ac	micsabs). All colporations moot as		ck the box to ind	cate an attachment 🔲
Director Name Em ma Ro	driavez	Director Name)	
Street Address 5/EX Change 3+		Streel Address		
City 1 Paced	suna 281757	City	State	Zip
Oirector Name	maso	Director Name	omin	a1117
Street Address	. 1	Street Address -		7065
174 Engler	wood AVEADTZ	119 KDUEC 1	7UR	2:-
BarretrEt	State ZI 02860	i providence	State	82908
9. The Registered Agent information		of State is accurate. Changes require	e filing Form 6	(1.
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 Pre-	sident, Vice-President, Secretery, Assistant Se	ecretary, Treasurer, duly Authorized Representa	dive, Receiver or 1	rustee.
Name of Officer/Authorized Representative			Date /2	0/21
Signature of Officer/Authorized Rep	Varano		6/3	-
loid-remise of Otherwood Kal	ਹ ਦ ਹਾਲਾ । ਹਿਲਾ ਹ ਪ ਹ	FII FD		
MAUL TO:	100			
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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

JUN 30 2021 12:08