



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
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.

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BUS SVCS DIV

2021 JUL 13 P 12:02

1. Entity ID Number 001677570		2. Exact name of the Corporation Iglesia de Dios viviendo en fe	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island spiritual help through counseling and the word of God	
4. NAICS Code 813110			
6. Principal Office Address 574 main st		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name David Hernandez		Vice-President Name Jessica Rivera	
Street Address 574 main st		Street Address 574 main st	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Priscilla Rodriguez		Treasurer Name Genesis Hernandez	
Street Address 574 main st		Street Address 574 main st	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Alondra Hernandez		Director Name Heriberto Madera	
Street Address 574 main st		Street Address 574 main st	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Maritza Perez		Director Name	
Street Address 574 main st		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		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
Signature of Officer/Authorized Representative Jessica Rivera			12:02

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 13 2021
BY **JP**



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 13, 2021 12:02 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

