State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019 - Amended
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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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL 13 P 12:02

1. Entity ID Number	2. Exact name of the Corporation
001677570	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	City	State	Zip
574 main st	Pawtucket	RI	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	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Priscilla Rodriguez			Treasurer Name: Genesis Hernandez		
Street Address: 574 main st			Street Address: 574 main st		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	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	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name: Maritza Perez			Director Name:		
Street Address: 574 main st			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	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

Signature of Officer/Authorized Representative: Jessica Rivera 12:02

FILED
JUL 13 2021
BY

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

FORM 631 - Revised: 08/2020