RI SOS Filing Number: 202199607840 Date: 7/29/2021 11:12:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2021
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: 505125	2. Exact name of the Corporation: Iglesia Pentecostal Jesucristo Manantial de vida
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Non Profit organisacion Preaching the word of God.
4. NAICS Code: 813211	

6. Principal Office Address: 197 unit St, Providence, RI, 02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Vicenta Carrascoza	Vice-President Name: Leoxana Carrascoza
Street Address: 197 unit St	Street Address: 11 Ricotte dr
City: Providence State: RI Zip: 02909	City: Johnston State: RI Zip: 02919
Secretary Name: Victor Urizar	Treasurer Name: Jenni Carrascoza
Street Address: 11 Ricotte dr	Street Address: 197 unit St
City: Johnston State: RI Zip: 02919	City: Providence State: RI Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Vicenta Carrascoza	Director Name: Jenni Carrascoza
Street Address: 197 unit St	Street Address: 197 unit St
City: Providence State: RI Zip: 02919	City: Providence State: RI Zip: 02909
Director Name: Victor Urizar	Director Name:
Street Address: 11 Ricotte dr	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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: Vicenta Carrascoza — Date: 7/1/21

Signature of Officer/Authorized Representative: Vicenta Carrascoza

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A.A.11.12 A.M.

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: 03/2019