RI SOS Filing Number: 202100911510 Date: 9/3/2021 4:00:00 PM

Ion-Profit Corporation ———	State of Rhode Islan  Department of	d State - Business Services Division	
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00			574個科
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.	Filing period: June 1 - June		article (1997) St
, .	→ Penalty: Additional \$25.00	fee if form is not filed by July 30.	•

4.5.11.15.11			<del></del>		<u></u>		
1. Entity ID Number	2. Exact name of	_					
001 115507	Iglesia Pentecustes Jesucristo es el fundamento						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
KL	Religious Organization. To bring the word of GOD						
4. NAICS Code	to the	Communi	ty.				
813110							
6. Principal Office Address		-	City	State	Zıp		
lo Nelissa St			Providence	RI	02909		
7. List ALL officers (names and add	resses)		<u> </u>	Check the box to ind	icate an attachment		
President Name	Cinical	0003	Vice-President Name				
Street Address	<u>Ciprian L</u>	Ope.Z	Street Address				
6 Melissa St	<del></del>	Ţ	0.0007.00.000				
Providence	State	0290 a.	City	State	Zip		
Secretary Name	<del></del>	· · · · · · · · · · · · · · · · · · ·	Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>						
8. List ALL directors (names and ad	ddresses). RI Corp	porations MUST lis	it at least THREE directors.	Chark the hay to inc	isaata aa awaabaaat		
Director Name		<del></del> ·	Check the box to indicate an attachment Director Name				
Crnesta L	spez_		Barron 0505a				
Street Address Laurel St	Pawfucke	+	Street Address				
1_		7	<del>▎▔▘█▔▋▕</del> ▘▊▊▍▍▃▜ <u>▃▘▙▞▃▙</u>	<del>,</del>			
Drovidance	State	12ip 7909	City	State	Zip		
Director Name	State	<sup>zip</sup> 02909	Providence Director Name	State	02908		
Director Name (RICCOTIO	State P.T. Ciprian La	262909 pez	Providence	State	52908		
Director Name (RCGOTO  Street Address  6 Notices	Ciprian La	<sup>zip</sup> 02909  pez	Providence	State	52908		
Director Name (RCGOTO  Street Address  6 Notices	State RI Ciprian La	pez.	Providence Director Name	State State	Zip G2918		
Director Name (RICYONIO) Street Address 6 Melissast City Providence	Ciprian La	2ip 02909.	Director Name  Street Address  City	State	Zip		
Director Name  REGOT: O  Street Address  Le Melissa S+  City  Providence  9. The Registered Agent information  Under penalty of perjury, I decla	State on of record with the and affirm that	Zip 02909, ne RI Department of I have examined	Street Address  City  of State is accurate. Changes re	State squire filing Form 6	Zip		
Director Name  THE CHOY: O  Street Address  Le Melissa S+  City  Providence  9. The Registered Agent information  Under penalty of perjury, I declastatements, and that all statements	State Ton of record with the re and affirm that after the contained he	Zip Q2909, ne RI Department t I have examined rein are true and	Street Address  City  of State is accurate. Changes re  this report, including any accorrect.	State Equire filing Form 6 Companying sche	Zip 41. dules and		
Director Name (REGOY O)  Street Address  City Providence  9. The Registered Agent information  Under penalty of perjury, I decla  statements, and that all stateme  This report must be signed by either the Pre	State On of record with the are and affirm that ints contained he sident, Vice-President,	Zip Q2909, ne RI Department t I have examined rein are true and	Street Address  City  of State is accurate. Changes re  this report, including any accorrect.	State Equire filing Form 6 Companying sche	Zip 41. dules and		
Director Name (REGOY O)  Street Address  Le Melissa S+  City Providence  9. The Registered Agent information  Under penalty of perjury, I declast attements, and that all statements and the signed by either the Present Name of Officer/Authorized Representations.	State on of record with the re and affirm that ints contained he isident, Vice-President, sentative	Zip 02909, ne RI Department t I have examined rein are true and Secretary, Assistant Se	Street Address  City  of State is accurate. Changes re  I this report, including any accorrect.  cretary, Treasurer, duty Authorized Representations.	State  Equire filing Form 6  Companying sche  Esentative, Receiver or 1  Date	Zip 41. dules and		
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**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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