



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUSINESS DIV

Annual Report for the year:

Non-Profit Corporation

2022

2022 APR -5 P 4:10

STAMP

→ 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 139144		2. Exact name of the Corporation Iglesia de Fuego y poder de Jesus Cristo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island For Baptizing, Preaching the word of God help in the community.	
4. NAICS Code 813110			
6. Principal Office Address 69 Bowdoin St Apt #1B		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Celsa M Cortez		Vice-President Name	
Street Address 69 Bowdoin St		Street Address	
City Providence	State RI	Zip 02909	
Secretary Name Desideria Castro		Treasurer Name Miguel A Chet Cusanero	
Street Address 70 Bowdoin St		Street Address 69 Bowdoin St	
City Providence	State RI	Zip 02909	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Victoria Marquez		Director Name Fidel Hermosillo	
Street Address 69 Bowdoin St		Street Address 69 Bowdoin St	
City Providence	State RI	Zip 02909	
Director Name Gloria Ajanel-Villar		Director Name	
Street Address		Street Address 69 Bowdoin St	
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 Victoria Marquez		Date 4/5/2022	
Signature of Officer/Authorized Representative Victoria Marquez		FILED	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 631 - Revised: 08/2020