Date: 4/4/2022 4:12:00 PM RI SOS Filing Number: 202214026900



State of Rhode Island

Department of State - Business Services Division

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2022 APR -5 ₱ 4: 10

Annual Report for the year:	m 20
Non-Profit Corporation	2020

-> 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	2. Exact name of the Corporation						
139144	Iglesia de Fuego y poder de Jesuscristo						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
<u>rI</u>	for Battizing, Preaching the word of East						
4. NAICS Code	1 10 occi (12/18), precently, the						
813110 Help in the community.							
6. Principal Office Address			City	State	Zip		
69 Brudoin St		providence	RI	02909			
7. List ALL officers (names and add	iresses)		Che	ck the box to indicate	an attachment		
President Name CEISA M COV + 2			Vice-President Name				
67 BOWCOIN 31			Street Address				
providence	State R.I.	Zip 02909	City	State	Zip		
Secretary Name	castro	<u> </u>	Treasurer Name MIGVEL H	Chet cu	75 (48 CV)		
Street Address 70 Bow doin of		Street Address 69 Bowdon 5+					
city providence	State P.I	Zip 0 2909	city Providence	State RI	Zip 02909		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name			Che	ck the box to indicat	e an attachment		
11, chos on large and 3		Director Name HermoSIIIS					
Street Address 9 Bould of 1 5+			s+	7			
providence	State 21	Zip 0Z909	City rovide 2: Ca.	Start	Zip 0 2.909		
Director Name Oirector Name Gloop			Director Name Glacia A	TOUD -1	lio ox		
Street Address		Street Address & 7 Dowdin St					
City	State	Zip	Providence	State	Zip 2000		
9. The Registered Agent informatio	n of record with th	le RI Department i	of State is accurate. Changes require		18 290 9		
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 basels are described.							
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							
VIC+ara Mary 62							
Signature of Officer/Authorized Representative							
reator mos							
MAIL TO:							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR X 4 2022

FORM 631 - Revised: 08/2020