

State of Rhode Island  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUSINESS DIV.

STAMP

2022 APR -5 P 4:10

Annual Report for the year:  
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 139144		2. Exact name of the Corporation Iglesia de Fuego y poder de Jesucristo	
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		City providence	State RI Zip 02909
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <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	City	State Zip
Secretary Name Desideria castro		Treasurer Name Miguel A Chet Cusamero	
Street Address 70 Bowdoin St		Street Address 69 Bowdoin St	
City providence	State RI	City providence	State RI Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Victoria marquez		Director Name Eidel Hermosillo	
Street Address 69 Bowdoin St		Street Address 69 Bowdoin St	
City providence	State RI	City providence	State RI Zip 02909
Director Name		Director Name Gloria AJanel-Villar	
Street Address		Street Address 69 Bowdoin St	
City	State	City providence	State RI Zip 02909
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	

APR 4 2022

BY GT S25  
 4:12