



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

Annual Report for the year: 2023
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.

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BUS SERVICES

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1. Entity ID Number <u>000716289</u>		2. Exact name of the Corporation <u>Iglesia apostolica Jesus Cristo es Dios Hebreo 12-14.</u>			
3. State of Incorporation <u>RI.</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>Apostolica Church Congregation</u>			
6. Principal Office Address <u>11. Pilsudski St Providence</u>			City <u>PROvidence</u>	State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>NOE Bonilla</u>			Vice-President Name <u>LUIS E Vasquez</u>		
Street Address <u>11 Pilsudski St</u>			Street Address <u>85 Mercy St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02909</u>
Secretary Name <u>Patricia C. Vasquez</u>			Treasurer Name <u>Miriam R. Bonilla</u>		
Street Address <u>85 Mercy St</u>			Street Address <u>11. Pilsudski St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>NOE Bonilla</u>			Director Name <u>LUIS E Vasquez</u>		
Street Address <u>11. Pilsudski St</u>			Street Address <u>85 Mercy St</u>		
City <u>Providence</u>	State <u>RI.</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Fidel Vasquez Santos</u>			Director Name <u>Fidel Vasquez Santos</u>		
Street Address <u>85 Mercy St</u>			Street Address <u>85 Mercy St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
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 <u>NOE Bonilla</u>				Date <u>2-3-23</u>	
Signature of Officer/Authorized Representative <u>NOE Bonilla</u>				SIGN DOCUMENT FILED 1121	

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BY DGO MTS