



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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 R.I. DEPT. OF STATE
 BUS SERVICES

2023 FEB -3 A 11:21

1. Entity ID Number 000716289		2. Exact name of the Corporation Iglesia apostolica Jesuscristo es Dios Hebreo 12-14.			
3. State of Incorporation RI.		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		Apostolica Church Congregation			
6. Principal Office Address 11. Pilsudski St Providence			City PROvidence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NOE Bonilla			Vice-President Name Luis E Vasquez		
Street Address 11 Pilsudski St			Street Address 85 Mercy St		
City Providence	State RI	Zip 02909	City Providence	State R.I.	Zip 02909
Secretary Name Patricia C. Vasquez			Treasurer Name Miriam R. Bonilla		
Street Address 85 Mercy St			Street Address 11. Pilsudski St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 NOE Bonilla			Director Name Luis E Vasquez		
Street Address 11. Pilsudski St			Street Address 85 Mercy St		
City Providence	State RI.	Zip 02909	City Providence	State RI.	Zip 02909
Director Name Fidel Vasquez Santos			Director Name Fidel Vasquez Santos		
Street Address 85 Mercy St			Street Address 85 Mercy St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative NOE BONILLA					Date 2-3-23
Signature of Officer/Authorized Representative NOE BONILLA					SIGN DOCUMENT FILED 1/21

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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