State of Rhode Island
**Department of State - Business Services Division**

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2023 FEB -9 A 11:07

**Annual Report for the year:** 2023
**Non-Profit Corporation**
→ Filing period February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 1063623 | Movimiento Evangelistico agua Vida inc dc |
| 3. State of Incorporation: PA | 5. Brief description of the character of business conducted in Rhode Island: The corporation organized conducto religios servece |
| 4. NAICS Code: 813110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 5883 N st Street P | Philadelphia | PA | 19120 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Rev Agustin Plmente | | | Vice-President Name: Carmen PlMentel | | |
| Street Address: 5834 N Sta st | | | Street Address: 5834 N. 5th Street | | |
| City: Philadelphia | State: PA | Zip: 19120 | City: Philadelphia | State: PA | Zip: 19120 |
| Secretary Name: Evelyn J Plmentel | | | Treasurer Name: Carmen Ramirez | | |
| Street Address: 5834 N sta strert | | | Street Address: 4504 D Strect | | |
| City: Philadelphia | State: PA | Zip: 19120 | City: Phiadelphia | State: PA | Zip: 1912 |

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Julio Recarey | | | Director Name: Francisco Hernandez | | |
| Street Address: 35 Salmon st APT 203 | | | Street Address: 35 Salmon st APT 203 | | |
| City: Providence | State: RI | Zip: 02909 | City: providence | State: RI | Zip: 02909 |
| Director Name: Ana Recarey | | | Director Name: | | |
| Street Address: 792 Potrens Ave 73 | | | Street Address: | | |
| City: Providence | State: RI | Zip: 02907 | 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 | Date |
|---|---|
| Julio Recarey | 2-9-23 |

Signature of Officer/Authorized Representative: Julio Recarey

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BY D42 TO

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