



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE
BUS SVCS DIV

2023 MAR 10 P 2:12

1. Entity ID Number 001659759		2. Exact name of the Corporation Iglesia Jehova - Nissi	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TEACH THE BIBLE A CHRIST CENTERED CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 15 Atlantic Ave		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Luis Nunez		Vice-President Name Claudia Nunez	
Street Address 15 Atlantic Ave		Street Address 15 Atlantic Ave	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Patricia Martinez		Treasurer Name Amedeo Hidalgo	
Street Address 189 Salina St		Street Address 69 Whittier St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02907	
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 Patricia Martinez		Director Name Ana Perez	
Street Address 189 Salina St		Street Address 39 Commodore	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02904	
Director Name Rafaela Guzman		Director Name	
Street Address 39 Commodore St		Street Address	
City Providence	State RI	City	State
Zip 02904		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 Claudia Nunez CLAUDIA NUNEZ		Date 3/10/23	
Signature of Officer/Authorized Representative			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 10 2023

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