	State of Rhode Office of the Secreta		Fee: \$20.00
*	Division Of Business		
	148 W. River St		
	Providence RI 0290	04-2615	
1636	(401) 222-304	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 202	<u>3</u>		
1. Corporate ID No. 00012	21915		
2. Name of Corporation Igles	ia de Dios Emmanuel		
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The b d on the chosen selection. If t	box to the right of the drop he NAICS Code is known	odown will
NAICS Code			
813110			
4. Principal Office Address			
No. and Street: 123 FAST			
	<u>EWOOD AVENUE</u>	\mathbf{D} to: $\mathbf{P}\mathbf{I}$ \mathbf{Z} in: 02000 \mathbf{C}	ountry: <u>USA</u>
City or Town: <u>PROVIDE</u>		ate: <u>RI</u> Zip: <u>02909</u> C	ountry. <u>OSA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	cted in Rhode Island	
<u>CHURCH</u>			
6. Names and Addresses of t All Directors and Officers mu Island Corporation shall not	ust be listed individually. Th	e number of DIRECTORS	of a Rhode
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, 2	Zip Code, Country

TREASURER	MARIE MARTINEZ	80 CURTIS AVE PROVIDENCE , RI 02909 USA	
SECRETARY	LISSETTE CARO	29 VICTORIA AVE CRANSTON , RI 02920 USA	
PASTOR	LUIS M AGOSTO	23 BRUSH HILL RD PROVIDENCE , RI 02909 USA	
ASSISTANT PASTOR	RUTH AGOSTO	23 BRUSH HILL RD PROVIDENCE , RI 02909 USA	
DIRECTOR	EDRIX RIVERA	161 NELSON ST PROVIDENCE , RI 02908 USA	
DIRECTOR	JESÚS CARO	20 AVETINE ST PROVIDENCE , RI 02904 USA	
DIRECTOR	IRIS AGOSTO	52 LIEGE ST PROVIDENCE , RI 02908 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LUIS M. AGOSTO 23 BRUSH HILL ROAD PROVIDENCE , RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 20 Day of March, 2023 at 4:36:56 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LUIS AGOSTO

Signature of Authorized Person

Form No. 631 Revised 09/07

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