



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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BUS SVCS DIV

2023 AUG 25 A 10:47

- 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 <u>102955</u>		2. Exact name of the Corporation <u>Iglesia de Cristo Del Logos AL Rhema.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>church to preach the gospel of Jesus and ebenezzer Doctrina -</u>			
4 NAICS Code <u>831110</u>					
6. Principal Office Address <u>103 Rankin ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Rosa Molina</u>			Vice-President Name <u>Karin Goldman Leonardo Diego</u>		
Street Address <u>103 Rankin ave</u>			Street Address <u>970 Terrace Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Secretary Name <u>angela violeta Cajas Gomez</u>			Treasurer Name		
Street Address <u>576 Terrace Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
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>Rosa Molina</u>			Director Name <u>MARTA PIANO</u>		
Street Address <u>103 Rankin Ave</u>			Street Address <u>576 CLODE ST</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>Luis Pedonez</u>			Director Name		
Street Address <u>103 Rankin ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Rosa Molina</u>					Date <u>8-25-23</u>
Signature of Officer/Authorized Representative <u>Rosa Molina</u>					FILED AUG 25 2023 BY <u>KWN90</u> 10:47

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