



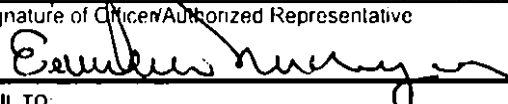
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RIDS BSD
JAN 15 PM 1:04:02
TAMF

1. Entity ID Number 001733609		2. Exact name of the Corporation Iglesia Cristiana de Jehova			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Broadcast programs through a low-power FM station to promote health, sports, and other community-focused content programs, including Bible teachings, to cater to the interests and needs of the Newport Community.			
4. NAICS Code 515112					
6. Principal Office Address 170 Broadway		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Emilia Manson			Vice-President Name Pablo Rosario		
Street Address 155 Elmwood Ave			Street Address 155 Elmwood Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
Secretary Name Johanna Manson			Treasurer Name		
Street Address 155 Elmwood Ave			Street Address		
City Providence	State RI	Zip 02907	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 Pablo Rosario			Director Name Johanna Manson		
Street Address 155 Elmwood Ave			Street Address 155 Elmwood Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Emilia Manson			Director Name		
Street Address 155 Elmwood Ave			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.					
<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 Emilia Manson					Date 01/09/2023
Signature of Officer/Authorized Representative 					

FILED 107

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

JAN 16 2024
BY 320N2


FORM 631- Revised 12/2023