



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>001700506</b>	2. Exact name of the Corporation <b>IGLESIA CRISTIANA LA VINA DEL SEÑOR</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>COMMUNITY CHRISTIAN FAITH BASE BIBLE ORGANIZATION GOSPEL MINISTRY</b>
4. NAICS Code <b>813110 Religious Organizations</b>	

6. Principal Office Address <b>124 GANSETT AVE CRANSTON</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Adriana Vinas</b>			Vice-President Name <b>Rafael S. Feliz</b>		
Street Address <b>301 Swan St</b>			Street Address <b>301 Swan St</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Aura Noboa</b>			Treasurer Name <b>Ana Vargas</b>		
Street Address <b>9 Croyland Rd</b>			Street Address <b>17 Ida</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Adriana Vinas</b>			Director Name <b>Rafael S. Feliz</b>		
Street Address <b>301 Swan</b>			Street Address <b>301 Swan</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Aura Noboa</b>			Director Name <b>ANA VARGAS</b>		
Street Address <b>9 Croyland Rd</b>			Street Address <b>17 Ida Vargas</b>		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROV</b>	State <b>RI</b>	Zip <b>02905</b>

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 <b>Adriana Vinas</b>	Date <b>4/12/2024</b>
Signature of Officer/Authorized Representative <i>Adriana Vinas</i>	

**FILED**  
APR 12 2024 151

MAIL TO:  
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BY GSJEJ  
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