



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
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 <u>001700586</u>		2. Exact name of the Corporation <u>IGlesia Cristiana La Vña Del Señor</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community Christian Faith Base Bible</u>	
4. NAICS Code <u>813110</u> <u>Religious</u> <u>Organization</u>		<u>Gospel Ministry</u>	
6. Principal Office Address <u>124 Gamsett Ave Cranston</u>		City <u>Cranston</u>	State <u>RI</u> Zip <u>02910</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Adriana Vinas</u>		Vice-President Name <u>Rafael S. Feliz</u>	
Street Address <u>301 Swan St</u>		Street Address <u>301 Swan St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>Aura Noboa</u>		Treasurer Name <u>Ana Vargas</u>	
Street Address <u>9 Croyland RD</u>		Street Address <u>17 Ida</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
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>Adriana Vinas</u>		Director Name <u>Rafael S. Feliz</u>	
Street Address <u>301 Swan</u>		Street Address <u>301 Swan</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Aura Noboa</u>		Director Name <u>ANA Vargas</u>	
Street Address <u>9 Croyland</u>		Street Address <u>17 Ida Vargas</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
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 <u>Adriana Vinas</u>		Date <u>4/12/2024</u>	
Signature of Officer/Authorized Representative <u>Adriana Vinas</u>		<div style="text-align: center;"> FILED APR 12 2024 BY G&J E J </div>	

MAIL TO:
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