



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>001700506</u>	2. Exact name of the Corporation <u>IGLESIA CRISTIANA LA VINA 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 ORGANIZATION GOSPEL MINISTRY</u>		
4. NAICS Code <u>813110</u> <u>Religious</u>			
6. Principal Office Address <u>124 GANSETT 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>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>PROV</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>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>PROV</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>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>PROV</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 RD</u>				Street Address <u>17 Ida Vargas</u>					
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>PROV</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>	

FILED  
APR 12 2024  
BY G&J E J

MAIL TO:  
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