



State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAY 23 2024

BY 1620  
QA

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>000791439</b>		2. Exact name of the Corporation <b>Iglesia Casa de Restauracion</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To worship God by spreading the gospel to the community and to impact the welfare and fellowship of the community.</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>109 Higginson Avenue</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02863</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Nixon N Chinchilla</b>			Vice-President Name <b>Ana Garcia</b>		
Street Address <b>33 Liberty St</b>			Street Address <b>33 Liberty St</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>Jennifer Garcia</b>			Treasurer Name <b>none</b>		
Street Address <b>33 Liberty St</b>			Street Address		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Nixon Chinchilla</b>			Director Name <b>Ana Garcia</b>		
Street Address <b>33 Liberty St</b>			Street Address <b>33 Liberty St</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>Jennifer Garcia</b>			Director Name		
Street Address <b>33 Liberty St</b>			Street Address		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
9 The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Nixon Chinchilla</b>				Date <b>05-19-2024</b>	
Signature of Officer/Authorized Representative <i>Nixon Chinchilla</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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