



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 000791439	2. Exact name of the Corporation Iglesia Casa de Restauracion
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To worship God by spreading the gospel to the community and to impact the welfare and fellowship of the community.
4. NAICS Code 813110	

6. Principal Office Address 109 Higginson Avenue	City Lincoln	State RI	Zip 02863
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Nixon N Chinchilla		Vice-President Name Ana Garcia	
Street Address 33 Liberty St		Street Address 33 Liberty St	
City Central Falls	State RI	Zip 02863	City Central Falls
Secretary Name Jennifer Garcia		Treasurer Name none	
Street Address 33 Liberty St		Street Address	
City Central Falls	State RI	Zip 02863	City

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Nixon Chinchilla		Director Name Ana Garcia	
Street Address 33 Liberty St		Street Address 33 Liberty St	
City Central Falls	State RI	Zip 02863	City Central Falls
Director Name Jennifer Garcia		Director Name	
Street Address 33 Liberty St		Street Address	
City Central Falls	State RI	Zip 02863	City

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 Nixon Chinchilla	Date 05-19-2024
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Signature of Officer/Authorized Representative
Nixon Chinchilla

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