State of Rhode Island
Department of State - Business Services Division

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: 858843	2. Exact name of the Corporation: Iglesia Rios De Agua Viva C.L.A (Cristiana)
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: This Organization is here to help the Community. Unite familys and children Struggling with homess.
4. NAICS Code: 813110	

6. Principal Office Address: 1040 Atwells Ave.	City: Providence	State: RI.	Zip: 02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Eugenia Novas			Vice-President Name: Catherine Novas		
Street Address: 33 Ridge St.			Street Address: 27 De Soto St.		
City: Cranston	State: R.I.	Zip: 02905	City: Providence	State: R.I.	Zip: 02909
Secretary Name: Melky G. Novas			Treasurer Name: John Novas		
Street Address: 91 Leah St.			Street Address: 9 Fedrick St.		
City: Providence	State: R.I.	Zip: 02908	City: Providence	State: R.I.	Zip: 02909

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Eugenia Novas			Director Name: Catherine Novas		
Street Address: 33 Ridge St.			Street Address: 27 De Soto St.		
City: Providence	State: R.I.	Zip: 02909	City: Providence	State: R.I.	Zip: 02909
Director Name: Joel Novas			Director Name:		
Street Address: 25 Tixeda Ave.			Street Address:		
City: Providence	State: R.I.	Zip: 02909	City:	State:	Zip:

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: Eugenia Novas — Date: 7/2/24

Signature of Officer/Authorized Representative: Eugenia Novas

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

FILED 1052
JUL 02 2024
BY YCL

FORM 631- Revised: 04/2023