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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
00175417	IGLESIA CRISTIANA FAMILIAR
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Worship, teaching, & benevolence
4 NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
297 Elmwood Ave	Providence	RI	02907

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

President Name	Vice-President Name
Timoteo nas ordoñez	Samuel Garcia
Street Address: 92 LINWOOD AVE	Street Address: 297 Elmwood AVE
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02907
Secretary Name	**Treasurer Name**
Cristian Figueroa	Roselia Us Loarca
Street Address: 92 LINWOOD	Street Address: 297 ELMWOOD AVE
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02907

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

Director Name	Director Name
Timoteo Nas Ordonez	Roselia Us Loarca
Street Address: 92 Linwood Ave	Street Address: 92 Linwood Ave
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Director Name	**Director Name**
Samuel Garcia	Cristian Figueroa
Street Address: 297 Elmwood Ave	Street Address: 297 Elmwood Ave
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907

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	Date
	02/03/25

Signature of Officer/Authorized Representative: Timoteo nas ordoñez

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

RI DOS MADE EDITS PER FILER

FILED 11:11
FEB 03 2025
BY WABVS

FORM 631- Revised. 12/2023