

**Amended**

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

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BUS SVCS DIV

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1. Entity ID Number <b>675517</b>		2. Exact name of the Corporation <b>IGLESIA CRISTIANA VIDA INC</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO ESTABLISH A CONGREGATION IN THE STATE OF RHODE ISLAND.</b>	
4. NAICS Code <b>8131110</b>			
6. Principal Office Address <b>529 CHARLES STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
			Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ERICK E. ESTRADA</b>		Vice-President Name <b>CLAUDIA PINEDA</b>	
Street Address <b>61 BROWNE STREET</b>		Street Address <b>61 BROWNE STREET</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
	Zip <b>02920</b>		Zip <b>02920</b>
Secretary Name <b>CLAUDIA PINEDA</b>		Treasurer Name <b>JUAN LARIOS</b>	
Street Address <b>61 BROWNE STREET</b>		Street Address <b>90 CLEVELAND STREET</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
	Zip <b>02920</b>		Zip <b>02860</b>
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 type="checkbox"/></span>			
Director Name <b>ERICK E ESTRADA</b>		Director Name <b>MIRIAM LARIOS</b>	
Street Address <b>61 BROWNE STREET</b>		Street Address <b>90 CLEVELAND STREET</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
	Zip <b>02920</b>		Zip <b>02860</b>
Director Name <b>CLAUDIA PINEDA</b>		Director Name <b>JUAN LARIOS</b>	
Street Address <b>61 BROWNE STREET</b>		Street Address <b>90 CLEVELAND STREET</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
	Zip <b>02920</b>		Zip <b>02860</b>
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>			
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 <b>ERICK E ESTRADA</b>			Date <b>08/12/2025</b>
Signature of Officer/Authorized Representative <i>Erick E Estrada</i>			

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## MAIL TO:

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

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BY 



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 15, 2025 10:33 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

