



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2022

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 BUS SVCS DIV

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- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001667866		2. Exact name of the Corporation CENTRO CRISTIANO Emanuel			
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island Our church has been growing and many of our member would travel about an hour to come and be a part of our worship services. Reason for which we decided to extend our reach crossing the state boarder and continue to preach the message of good news of Jesus Christ in Pawtucket RI			
4. NAICS Code 813110 Religious organization					
6. Principal Office Address 814 Boston Post Rd E.			City Marlborough	State MA.	Zip 01752
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elio Chacon			Vice-President Name		
Street Address 14 Blake Cir			Street Address		
City Marlborough	State MA	Zip 01752	City	State	Zip
Secretary Name Lucio E. Pineda			Treasurer Name Carlos Silverio		
Street Address 404 Summer			Street Address 11 Church St		
City New Bedford	State MA	Zip 02740	City Marlborough	State MA	Zip 01752
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Israel Saenz			Director Name Eiva Chacon		
Street Address 32 Springdale Ave			Street Address 14 Blake Cir		
City North Providence	State RI	Zip 02904	City Marlborough	State MA	Zip 01752
Director Name Abiu Chacon			Director Name Natalia Chacon		
Street Address Abiu Chacon 22 Patten Dr			Street Address 22 Patten Dr		
City Marlborough	State MA	Zip 01752	City Marlborough	State MA	Zip 01752
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Elio Chacon - President					Date May 13, 2019
Signature of Officer/Authorized Representative 					

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

FILED
 JUL 18 2022
 BY N215P