



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001667866

2. Name of Corporation CENTRO CRISTIANO EMANUEL

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813110

4. Principal Office Address

No. and Street: 814 BOSTON POST ROAD E

City or Town: MARLBOROUGH

State: MA Zip: 01752 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

OUT CHURCH HAS BEEN GROWING AND MANY OF OUR MEMBERS WOULD TRAVEL ABOUT AN HOUR TO COME AND BE A PART OF OUR WORSHIP SERVICES REASON FOR WHICH WE DECIDE TO EXTEND OUR REACH CROSSING THE STATE BOARDER AND CONTINUE TO PREACH THE MESSAGE OF GOOD NEWS JESUS CHRIST IN PAWTUCKET RI

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELLU CHACON	14 BLAKE CIRCLE MARLBOROUGH, MA 01752 USA
DIRECTOR	ABIU CHACON	22 PATTEN DRIVE MARLBOROUGH, MA 01752 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ISRAEL SAENZ 32 SPRINGDALE AVENUE NORTH PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of February, 2023 at 3:07:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ISRAEL SAENZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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