



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

Annual Report for the year:

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIVISION

2019 APR 15 PM 3:39

1. Entity ID Number 1049001		2. Exact name of the Corporation Iglesia Evangelio Pentecostez San Marcos 16.15			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 515 Cranston St #1			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcos Alonzo Castro			Vice-President Name Marcelina Pu Saban de Alonzo		
Street Address 515 Cranston St #1			Street Address 515 Cranston St #1		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Maria Alonzo Pu			Treasurer Name Carlos Manuel Gutierrez		
Street Address 517 Cranston St #1			Street Address 519 Cranston St #1		
City Providence	State RI	Zip 02907	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 <input type="checkbox"/>					
Director Name Marcos Alonzo Castro			Director Name Marcelina Pu Saban de Alonzo		
Street Address 517 Cranston St #1			Street Address 517 Cranston St #1		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Guadalupe Alonzo			Director Name Marcos Jose Alonzo Pu		
Street Address 517 Cranston St #1			Street Address 517 Cranston St #1		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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.					
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 Marcos Alonzo Castro				Date 4-15-19	
Signature of Officer/Authorized Representative Marcos Alonzo Castro					

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
APR 15 2019
BY **M575A**
AA

FORM 631 - Revised: 06/2017