



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

SECRETARY OF STATE  
 CORPORATION  
 2019 MAY 28 AM 9:22

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.

1. Entity ID Number <b>645197</b>		2. Exact name of the Corporation <b>IGLESIA PENTECOSTAL JESUCRISTO, ROCA ETERNA</b>	
3. State of Incorporation <b>R.I</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO, preach, TO operate The ORDINACE</b>	
4. NAICS Code <b>813110</b>		<b>OF GOSPEL</b>	
6. Principal Office Address <b>136 ST #7A</b>		City <b>Pawtucket,</b>	State <b>R.I</b>
		Zip <b>02860</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>CARMEN L. ALICCA</b>		Vice-President Name <b>Cor. ROBERTO FIGUEROA</b>	
Street Address <b>466 NUNT ST APT 414</b>		Street Address <b>128 OAK ST</b>	
City <b>CENTRAL FALLS</b>	State <b>R.I</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02909</b>	
Secretary Name <b>STEPHANIE RIVERA</b>		Treasurer Name	
Street Address <b>80 BRANCH ST</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>RI</b>	City	State
Zip <b>02860</b>		Zip	
8. RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ALICIA ZAPATA</b>		Director Name <b>BETTY HERNANDEZ</b>	
Street Address <b>108 HEDLEY ST APT 1</b>		Street Address <b>150 20 LEANARD JENARD, DR</b>	
City <b>CENTRAL FALLS</b>	State <b>R.I</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02860</b>	
Director Name <b>DALCE GARCIA</b>		Director Name <b>CRISTOFER VEGA</b>	
Street Address <b>466 NUNT ST # 809</b>		Street Address <b>80 BRANCH ST</b>	
City <b>CENTRAL FALLS</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>R.I</b>
Zip <b>02863</b>		Zip <b>02860</b>	
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 <b>CARMEN L ALICCA</b>			Date <b>5 28 19</b>
Signature of Officer/Authorized Representative <b>CARMEN L ALICCA</b>			<b>FILED</b>

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

MAY 28 2019

BY CMQV57