



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP -6 P 3:20

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 796933		2. Exact name of the Corporation Iglesia Pentecostal Puerta del Cielo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Preach the word of God all over the world to help People in need and to expand the gospel around the Community	
4. NAICS Code 813110			
6. Principal Office Address 304 Barton ST		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carlos Salazar		Vice-President Name Aura Cruz	
Street Address 129 Summer ST		Street Address 129 Summer ST	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Secretary Name Irma Pineda		Treasurer Name Wesdin A Cruz	
Street Address 119 Summer ST		Street Address 57 Tremont ST	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
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 Miguel Morales		Director Name Ingrid Pineda	
Street Address 119 Summer ST		Street Address 519 Hunt ST	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Director Name Juan Lopez		Director Name Carlos Salazar	
Street Address 519 Hunt ST		Street Address 129 Summer ST	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
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			Date
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.ri.gov

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