



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

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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 000688928		2. Exact name of the Corporation Iglesia Pentecostez Monte de Sion	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church with a purpose to preach the word of God in the Community & Prisons	
4. NAICS Code 813110			
6. Principal Office Address 150 Carolina Avenue		City Providence	State R.2
		Zip 02905	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose R. Checo		Vice-President Name	
Street Address 151 Cannon ST Provide		Street Address	
City Providence	State R.2	Zip 02920	
Secretary Name Yasmilly Torres		Treasurer Name MAGALI GARCIA	
Street Address 257 Fiat Ave		Street Address 804 Greenville Ave #71-D	
City Cronston	State R.2	Zip 02910	City Johnston
			State R.2
			Zip 02919
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 Juan Mauder		Director Name Lorenzo Peña	
Street Address 61 Aleppo street		Street Address 27 Coryland ST	
City Providence	State R.2	Zip 02908	City Providence
			State R.2
			Zip 02909
Director Name Altagracia Peguero		Director Name Gladys Checo	
Street Address 25 Pungansett Street		Street Address 151 Cannon St #2	
City Providence	State R.2	Zip 02908	City Providence
			State R.2
			Zip 02920
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 Magali Garcia			Date 1-31-2020
Signature of Officer/Authorized Representative			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3043
 Website: www.sos.ri.gov

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