



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

Annual Report for the year:
Non-Profit Corporation

2020

FILED

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

JUN 29 2020

1761844335

1. Entity ID Number 119131		2. Exact name of the Corporation Iglesia Pentecostal Roca Eterna			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To proclaim the gospel of Christ and beliefs of evangelical Christian faith. To maintain the worship of God, and inspire all persons, a love for Christ, a passion for righteousness, and consciousness of their duties to God and fellow humans.			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 400 Warwick Avenue Unit 12		City Warwick		State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Alcantara			Vice-President Name Encarnacion Avila		
Street Address 56 Cumerford Street			Street Address 44 Laban Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Wanda Escobedo			Treasurer Name Maira Pena		
Street Address 208 Early Street			Street Address 107 Pomona Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
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 Maria Alcantara			Director Name Encarnacion Avila		
Street Address 56 Cumerford Street			Street Address 44 Laban Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Maira Pena			Director Name		
Street Address 107 Pomona Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Wanda Escobedo				Date 6/23/2020	
Signature of Officer/Authorized Representative <i>Wanda Escobedo</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615