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

Annual Report for the year: 2020
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.

FILED
JUL 08 2020
207

1. Entity ID Number	2. Exact name of the Corporation
645-192	Iglesia Pent Jesucristo, Roca Eterna
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To, preach To operate - The ordinace OF Gosper
4. NAICS Code: 813-110	

6. Principal Office Address	City	State	Zip
136 Broad ST # 7A	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Carmen L Alicea	Cop. Roberto, figueroa
Street Address: 466 Nunt ST APT 4U	Street Address: 128 OAK ST
City: Central Falls | State: RI | Zip: 02863	City: Providence | State: RI | Zip: 02909
Secretary Name	**Treasurer Name**
Marilyn: Moreno	Marilyn moreno
Street Address: 104 Cottage ST APT 1	Street Address:
City: Central Falls | State: RI | Zip: 02863	City: | State: | Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Alicia Zapata	Leonides Guisao
Street Address: 108 Hedley Apt 1	Street Address: 69 Hendricks ST APT 2
City: Central Falls | State: R.I | Zip: 02860	City: Central Falls | State: R.I | Zip: 02863
Director Name	**Director Name**
Betty Hernandez	Andres, Olea
Street Address: 150 Leonard Jenard DR	Street Address: 108 Cottage ST # 1
City: Pawtucket | State: RI | Zip: 02860	City: Central Falls | State: RI | Zip: 02860

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
Carmen L. Alicea	7-3-20

Signature of Officer/Authorized Representative: Carmen L Alicea

MAIL TO:
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Website: www.sos.ri.gov