



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 SEP 23 PM 12:29

1. Entity ID Number <b>1674063</b>		2. Exact name of the Corporation <b>Idosia Pentescol El Amor de Dios Pastora</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address			
<b>45 Bissell Street</b>		City <b>Providence</b>	State <b>Rt</b> Zip <b>02907</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>Margarita Castro</b>		Vice President Name <b>Maria Rodriguez</b>	
Street Address <b>50 Lincoln Ave</b>		Street Address <b>51 Ansel Ave</b>	
City <b>Providence</b>	State <b>Rt</b>	City <b>Providence</b>	State <b>Rt</b> Zip <b>02907</b>
Secretary Name <b>Sally Jafari</b>		Treasurer Name	
Street Address <b>993 Mantun Ave</b>		Street Address	
City <b>Providence</b>	State <b>Rt</b>	City	State <b>Rt</b> Zip <b>02907</b>
8. List ALL directors (names and addresses). 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>Margarita Castro</b>		Director Name <b>Sally Jafari</b>	
Street Address <b>50 Lincoln Ave</b>		Street Address <b>993 Mantun Ave Apt 504</b>	
City <b>Providence</b>	State <b>Rt</b>	City <b>Providence</b>	State <b>Rt</b> Zip <b>02907</b>
Director Name <b>Manano Ramirez</b>		Director Name <b>Maria Rodriguez</b>	
Street Address <b>50 Lincoln Ave</b>		Street Address <b>51 Ansel Street</b>	
City <b>Providence</b>	State <b>Rt</b>	City <b>Providence</b>	State <b>Rt</b> Zip <b>02907</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>Margarita Castro</b>			Date <b>9/23/20</b>
Signature of Officer/Authorized Representative <i>Margarita Castro</i>			

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