



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

Annual Report for the year:
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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BUS SVCS DIV

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1. Entity ID Number 1674063		2. Exact name of the Corporation Iglesia Pentecostal El Amor de Dios Pastors	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110			
6. Principal Office Address 45 Bissell Street		City Providence	State Rt
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Margarita Castro		Vice President Name Maria Rodriguez	
Street Address 50 Lincoln Ave		Street Address 51 Ansel Ave	
City Providence	State Rt	City Providence	State Rt
Zip 02909		Zip 02907	
Secretary Name Sally Jafary		Treasurer Name	
Street Address 993 Marton Ave		Street Address	
City Providence	State Rt	City	State
Zip 02909		Zip	
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 Margarita Castro		Director Name Sally Jafary	
Street Address 50 Lincoln Ave		Street Address 993 Marton Ave Apt 504	
City Providence	State Rt	City Providence	State Rt
Zip 02909		Zip 02909	
Director Name Manano Ramirez		Director Name Maria Rodriguez	
Street Address 50 Lincoln Ave		Street Address 51 Ansel Street	
City Providence	State Rt	City Providence	State Rt
Zip 02909		Zip 02907	
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 Margarita Castro			Date 9/23/20
Signature of Officer/Authorized Representative Margarita Castro			

FILED

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