RI SOS Filing Number: 202193632550 Date: 3/5/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation 2020

→ 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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1. Entity ID Number	2. Exact name of the Corporation
001049001	Iglesia Evangelio Pentecostes - San Marcos 16-15
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church
4 NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
517 Cranston St	Providence	RI	02907

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

President Name	Vice-President Name
Marcos Alonzo castro	Marcelina Alonzo
Street Address: 517 Cranston St	Street Address: 517 Cranston St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Secretary Name	**Treasurer Name**
Marcos Jose Alonzo Pu	Marcelina Alonzo
Street Address: 517 Cranston St	Street Address: 517 Cranston St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907

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
Guadalupe Alonzo	Carlos Manuel Gutierrez
Street Address: 517 Cranston St	Street Address: 517 Cranston St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Director Name	**Director Name**
Marcos Alonzo castro	Maria Alonzo Pu
Street Address: 517 Cranston St	Street Address: 517 Cranston St
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907

9. The Registered Agent information of record with the RI Department of State is accurate. 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
Marcos Alonzo castro	3/5/21

Signature of Officer/Authorized Representative: Marcos Alonzo castro

FILED
MAR 05 2021
BY HZXWR
9:40

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020