RI SOS Filing Number: 202198201940 Date: 6/11/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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2021 JUN 11 A 10:02

STAMP

1. Entity ID Number	2. Exact name of the Corporation
44978	Pentecostal Church House of Prayer
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To Preach the Gospel of Jesus Christ
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
14 Chapel ST.	Central Falls	R.I.	02863

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

President Name	Vice-President Name
Eusebio Santiago	
Street Address: 466 HUNT ST. #712	Street Address:
City: Central Falls, State: R.I., Zip: 02863	City: , State: , Zip:
Secretary Name: Elvira M. Diaz	Treasurer Name: Maribel Santiago
Street Address: 291 ST Paul, ST.	Street Address: 25 West Worth ST. Unit #5
City: North Smith Field, State: R.I., Zip: 02896	City: North Providence, State: R.I., Zip: 02904

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
Carmen M. Santiago	Alfredo Diaz
Street Address: 466 HUNT ST. #712	Street Address: 291 ST, Paul, ST.
City: Central Falls, State: R.I., Zip: 02863	City: North Smith Field, State: R.I., Zip: 02896
Director Name: Samuel Santiago	Director Name:
Street Address: 25 West Worth ST. Unit #5	Street Address:
City: North Providence, State: R.I., Zip: 02904	City: , State: , Zip:

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: Eusebio Santiago — Date:

Signature of Officer/Authorized Representative: Eusebio Santiago (President)

FILED

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

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FORM 631 - Revised: 08/2020