



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN 14 P 1:52

1. Entity ID Number 00053946		2. Exact name of the Corporation Cristo es el camino Iglesia Pentecostal	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 831110			
6. Principal Office Address 584 N. Main Street		City Woonsocket	State RI Zip 02895
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name Sandra Ocasio		Vice-President Name	
Street Address 2755 Diamond hill rd Apt H		Street Address	
City Woonsocket	State RI	Zip 02895	
Secretary Name Xiomara Lopez		Treasurer Name Yadira Lopez	
Street Address 2055 Diamond hill rd Apt G		Street Address 253 marin heights	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment			
Director Name maria Lopez		Director Name maria J. Ocasio	
Street Address 189 marin heights		Street Address 2755 Diamond hill rd Apt H	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
Director Name Yamilet Lopez		Director Name	
Street Address 2055 Diamond hill rd Apt G		Street Address	
City Woonsocket	State RI	Zip 02895	City Woonsocket State RI Zip 02895
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 Sandra Ocasio			Date
Signature of Officer/Authorized Representative Sandra Ocasio			