State of Rhode Island
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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BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation
000539469	Cristo es el Camino Iglesia Pentecostal
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	
4. NAICS Code	
83110	Church

6. Principal Office Address	City	State	Zip
584 N. Main Street	Woonsocket	RI	02895

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

President Name	Vice-President Name
Sandra Ocasio	
Street Address: 2255 Diamond hill rd Apt H	Street Address
City: Woonsocket / State: RI / Zip: 02895	City / State / Zip
Secretary Name: Xiomara Lopez	Treasurer Name: Yadira Lopez
Street Address: 2255 Diamond hill rd Apt G	Street Address: 253 morin 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	Director Name
Maria Lopez	Maria J. Ocasio
Street Address: 189 morin heights	Street Address: 2255 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: 2255 Diamond hill rd Apt G	Street Address
City: Woonsocket / State: RI / Zip: 02895	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	Date
Sandra Ocasio	

Signature of Officer/Authorized Representative: Sandra Ocasio

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

FILED
JUN 14 2021
BY HNSE A.A. 2:00 P.M.