RI SOS Filing Number: 202198259220 Date: 6/14/2021 1:54:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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R.I. DEPT. OF STATE

BUS SYCS DIV

2021 JUN 14 P 1:52

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

> Penalty: Additional \$25.00 fee if f	form is not filed by J	luly 30.			
1. Entity ID Number	2. Exact name of the Corporation				
000539469	:cristo es el Camino I glesia Pentecosta				
3. State of Incorporation	5. onef description of the character of business conducted in Rhode Island				
Rhode Island					
4. NAICS Code	1				
R31110	Church				
6. Principal Office Address			City	State	Zip
5840, main Street			woonsocke+	RI	2895
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name			Vice-President Name		
Sandra Ocasio			Street Address		
Street Address 225 Diamond hill rd AP+1+			Street Address		
City	State	1 Zip	City	State	Zip
woonsacket	<u> </u>	02895	Treasurer Name		
Secretary Name X1000017 COPEZ			Madra Lovez		
Street Address			Street Address		
2055 Diamond				State -	Zip
City Warms Chet	State	02395	WOODSOCKEL	ST A S	02895
8. List ALL directors (names and a	addresses). RI Cor	porations MUST li	st at least THREE directors.		
			Check the box to indicate an attachment		
Director Name			Director Name		
Street Address			Street Address		
189 morin heights			2255 Diamond hill rd HPFH		
City	UState ZT	02695	woonsocket	State R1	- 02895
Director Name			Director Name		
Yamilet Lopez					
Street Address Symmond hillrd APFG			Street Address		
City	State	Zip	City	State	Zip
Wishnaucket	KI	02895		· 60 - 5 /	644
9. The Registered Agent informat	ion of record with t	the RI Department	of State is accurate. Changes req	uire ming Form o	34 I.
Under penalty of perjury, I decl statements, and that all statem	are and affirm the ents contained h	at I have examine erein are true and	ed this report, including any accord	mpanying scn	edules and
This report must be signed by either the Pr	resident, Vice-President	t, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repress	entative, Receiver or	Trustee.
Name of Officer/Authorized Representative				Date	
500400 000510					
Signature of Officer/Authorized Representative					
•	usio_	,	cu FD		
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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