



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>104120</b>		2. Exact name of the Corporation <b>Iglesia Pentecostes Mi Casa de Oracion</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
5. Principal office address <b>201 Pocasset Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Juan Fonseca</b>			Vice-President Name <b>none</b>		
Street Address <b>43 Parnell Street</b>			Street Address <b>none</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>none</b>	State <b>N/A</b>	Zip <b>none</b>
Secretary Name <b>Mirna Carrillo</b>			Treasurer Name <b>none</b>		
Street Address <b>46 Regent Ave #3</b>			Street Address <b>None</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>None</b>	State <b>N/A</b>	Zip <b>None</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Juan Fonseca</b>			Director Name <b>Lusbin E. Gomez</b>		
Street Address <b>43 Parnell S.t.</b>			Street Address <b>46 Regent Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Edgar Alvarez</b>			Director Name <b>None</b>		
Street Address <b>44 Barcroft</b>			Street Address <b>None</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>None</b>	State <b>None</b>	Zip <b>N/A</b>
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date **JUN 15 2021**

Check No **JUN 15 2021**

By: **Juan Fonseca**  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

FOR SECRETARY OF STATE USE ONLY

**QC WK3**

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.

Signature of Officer

Date

**Juan Fonseca**

**6/14/21**

Print or Type Name of Officer

**Pastor**

Title of Officer