



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 21 A 10 36

1. Entity ID Number 645197		2. Exact name of the Corporation Iglesia Pentecostal Jesucristo, Roca Eterna	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO, Preach, TO Operate The Ordinance OF GOSPEL	
4. NAICS Code 83110			
6. Principal Office Address 136 Broad ST # 7A		City PAWTUCKET	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carmel L. Alicea		Vice-President Name ALCIYA ZAPATA	
Street Address 466 HUNT ST APT # 414		Street Address 186 Hedley APT 1	
City CENTRAL FALLS	State R.I.	City CENTRAL FALLS	State RI
Zip 02863		Zip 02863	
Secretary Name MARILYN MORENO		Treasurer Name SAME	
Street Address 104 Cottage ST # 1		Street Address	
City CENTRAL FALLS	State R.I.	City	State
Zip 02863		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Betty Hernandez		Director Name ROBERTO FIGUEROA	
Street Address 150 B LEANARD SENARD DR		Street Address 128 DAK ST	
City PAWTUCKET	State R.I.	City PROVIDENCE	State RI
Zip 02860		Zip 02909	
Director Name Dulce Garcia		Director Name ANNETTE FIGUEROA	
Street Address 466 HUNT ST 718		Street Address 375 MINERAL SPRING AVE B-213	
City CENTRAL FALLS	State RI	City PAWTUCKET	State RI
Zip 02863		Zip 02860	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Carmen L. Alicea			Date 6-21-21
Signature of Officer/Authorized Representative <i>Carmen L. Alicea</i>			

FILED

JUN 21 2021

BY REFYIG
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