



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 <u>645197</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Jesucristo, Roca Eterna</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>To, preach, to operate the ordinance of GOSPEL</u>	
4. NAICS Code <u>83110</u>			
6. Principal Office Address <u>136 Broad ST # 7A</u>		City <u>PAWTUCKET</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Carmel L. Alicea</u>		Vice-President Name <u>ALCIYA ZAPATA</u>	
Street Address <u>466 HUNT ST APT # 414</u>		Street Address <u>186 Nedley APT 1</u>	
City <u>CENTRAL FALLS</u>	State <u>R.I.</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02863</u>	
Secretary Name <u>MARILYN MORENO</u>		Treasurer Name <u>SAME</u>	
Street Address <u>104 Cottage ST # 1</u>		Street Address	
City <u>CENTRAL FALLS</u>	State <u>R.I.</u>	City	State
Zip <u>02863</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Betty Hernandez</u>		Director Name <u>ROBERTO FIGUEROA</u>	
Street Address <u>150 B LEANARD SENARD DR</u>		Street Address <u>128 DAK ST</u>	
City <u>PAWTUCKET</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02909</u>	
Director Name <u>Dulce Garcia</u>		Director Name <u>ANNETTE FIGUEROA</u>	
Street Address <u>466 HUNT ST 718</u>		Street Address <u>375 MINERAL SPRING AVE B-213</u>	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02860</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>Carmen L. Alicea</u>			Date <u>6-21-21</u>
Signature of Officer/Authorized Representative <u>Carmen L. Alicea</u>			

FILED

JUN 21 2021

BY REFYIG  
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MAIL TO:  
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