



State of Rhode Island and Providence Plantations
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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BUS SVCS DIV

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1. Entity ID Number 000794657		2. Exact name of the Corporation iglesia DE DIOS Pentecostes Unidos Por el ESPiritu santo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 831110		EXEMPT RELIGIOUS PURPOSE	
6. Principal Office Address 513 Dexter ST		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cayetano Chact		Vice-President Name Sebastian Nix	
Street Address 117 Alverson Avenue		Street Address 158 Whitmarsh ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
Secretary Name Ana Julia Nix		Treasurer Name Ramiro Alonzo	
Street Address 158 Whitmarsh ST		Street Address 206 Hanover ST	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02909	
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 Roberto Pol Ajamel		Director Name Micaela Alonzo	
Street Address 215 Hanover ST		Street Address 211 Althea ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Juana Castro Pu		Director Name Miguel Nix	
Street Address 215 Hanover ST		Street Address 70 Julian ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Cayetano Chact			Date 6/21/21
Signature of Officer/Authorized Representative <i>[Signature]</i>			

SIGN DOCUMENT HERE

FILED

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

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