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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1. Entity ID Number	2. Exact name of the Corporation
000026882	Iglesia Pentecostal El Calvario
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious Workship Service & Social Orentation
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
36 Chaffee Street	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Salvador Vargas	Katie Arriaza
Street Address: 356 Rockland Road	Street Address: 15 Lincoln Drive
City: North Scituate, State: RI, Zip: 02857	City: Johnston, State: RI 02919, Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Carlos Vargas	Cristi Arriaza
Street Address: 17 Malon Drive	Street Address: 64 Lisbon Street
City: Johnston, State: RI, Zip: 02919	City: Providence, State: RI 0290[illegible], Zip:
Director Name: Mary Ann Pasclone	Director Name: Christi Arriaza
Street Address: 12 Bryd Avenue	Street Address: 64 Lisbon Street
City: Johnston, State: RI, Zip: 02919	City: Providence, State: RI, Zip: 02908

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.

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: SALVADOR VARGAS — Date: 6/24/21

Signature of Officer/Authorized Representative: Salvador Vargas

FILED
JUN 25 2021
BY [illegible]
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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