



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.

STAMP

1. Entity ID Number 001715507		2. Exact name of the Corporation Iglesia Pentecostes Jesucristo es el fundamento			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Organization. To bring the word of GOD to the community.			
4. NAICS Code 813110					
6. Principal Office Address 6 Melissa St			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment: ☐					
President Name Gregorio Ciprian Lopez			Vice-President Name		
Street Address 6 Melissa St			Street Address		
City Providence	State RI	Zip 02909	City	State	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 Ernesto Lopez			Director Name Bayron O Sosa		
Street Address 29 Laurel St Pawtucket			Street Address 87 Hardd St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Director Name Gregorio Ciprian Lopez			Director Name		
Street Address 6 Melissa St			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
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 Gregorio Ciprian Lopez				Date 8-31-2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov