RI SOS Filing Number: 202103514970 Date: 10/18/2021 3:27:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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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STATE
DIV. OF CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation
000424185	Iglesia De Dios Pentecostal Monte Horeb
3 State of Incorporation: RI	5 Brief description of the character of business conducted in Rhode Island: A christian church for the purpose of congregation worship
4 NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
952 Plainfield st suite 4	Johnston	RI	02919

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

President Name: Bienvenido Peralta			Vice-President Name: Glennis Peralta		
Street Address: 124 Perry st			Street Address: 124 Perry St		
City: Central Fall	State: RI	Zip: 02863	City: Central Fall	State: RI	Zip: 02863
Secretary Name: Keila Feliciano			Treasurer Name:		
Street Address: 73 Hemlock Ave			Street Address:		
City: Cranston	State: RI	Zip: 02910	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: Bienvenido Peralta			Director Name: Glennis Peralta		
Street Address: 124 Perry St			Street Address: 124 Perry st		
City: Central Fall	State: RI	Zip: 02863	City: Central Fall	State: RI	Zip: 02863
Director Name: Keila Feliciano			Director Name:		
Street Address: 73 Hemlock Ave			Street Address:		
City: Cranston	State: RI	Zip: 02910	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	Date
Bienvenido Peralta	10/12/21
Signature of Officer/Authorized Representative	FILED 3:27

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

OCT 18 2021
BY

FORM 631 - Revised: 08/2020