State of Rhode Island Department of State - Business Services Division					
Annual Report for the year: Non-Profit Corporation	2020				:
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty. Additional \$25.00 fee if f	form is not filed by .	July 30.		2021 00	R.I. (
1. Entity ID Number 000424185	2. Exact name of the Corporation  Iglesia De Dios Pentecostal Monte Horeb				
3 State of Incorporation RI 4 NAICS Code 813110	5 Brief description of the character of business conducted in Rhode Island  A christian church for the purpose of congregation worship  3				
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	<sup>Zip</sup> 02863	City Central Fall	State RI	<sup>Z<sub>i</sub>p</sup> 02863
Secretary Name Keila Feliciano			Treasurer Name		
Street Address 73 Hemlock Ave			Street Address		
<sup>City</sup> Cranston	State RI	<sup>Zıp</sup> 02910	City	State	Zıp
8. List ALL directors (names and ad	ddresses). RI Corp	porations MUST lis		Check the box to indica	te an attachment
			Director Name Glennis Peralta		
Street Address 124 Perry St			Street Address 124 Perry st		
<sup>City</sup> Central Fall	State RI	<sup>Zip</sup> 02863	City Central Fall	State RI	<sup>Z<sub>ip</sub></sup> 02863
Director Name Keila Feliciano			Director Name		
Street Address 73 Hemlock Ave			Street Address		
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 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  Bienveri de Peralta 10/12/21					
Signature of Officer/Authorized Representative  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 0CT 1 \$ 2021 FORM 631 - Revised: 08/2020