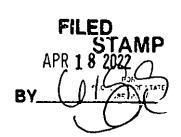


## **Department of State - Business Services Division**

Annual Report for the year: 2022 Non-Profit Corporation ..

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation				
119131	Iglesia Pentecostal Roca Eterna				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To proclaim the gospel of Christ and beliefs of evangelical faith.				
4. NAICS Code	To maintain the worship of God, and inspire all persons, a love for Christ, a				
813110 - Religious Organizati	passion for righteousness, and consciousness of their duties to God and fellow				
6. Principal Office Address			City	State	Zip
400 Warwick Avenue Unit 12			Warwick	RI	02888
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Maria Alcantara			Vice-President Name Encarnacion Avila		
Street Address 56 Cumerford Street			Street Address 44 Laban Street		
City Providence	State RI	<sup>Zip</sup> 02909	City Providence	State RI	<sup>Zip</sup> 02909
Secretary Name Wanda Escobedo			Treasurer Name Maira Pena		
Street Address 208 Early Street			Street Address 107 Pomona Avenue		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02907	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Maria Alcantara			Director Name Encarnacion Avila		
Street Address 56 Cumerford Street			Street Address 44 Laban Street		
City Providence	State RI	<sup>Zip</sup> 02909	City Providence	State RI	<sup>Zip</sup> 02909
Director Name Maira Pen C			Director Name		
Street Address 107 Pomoma Street			Street Address		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	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, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Wanda Escobedo				4/14/2022	
Signature of Officer/Authorized Representative  Waudh & COV 40.					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov