



State of Rhode Island
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV.

2022 JUN -7 A 11:23

1. Entity ID Number <u>655314</u>		2. Exact name of the Corporation <u>Eglesia Mision Evangelica Príncipe de Paz Pentecoste</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813110</u>		<u>CHURCH MEETINGS</u>	
6. Principal Office Address <u>95 HATHAWAY CENTER SUITE #33</u>		City <u>Providence</u>	State <u>R.I.</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ERVIN O. FAJARDO</u>		Vice-President Name <u>BETZaida FAJARDO</u>	
Street Address <u>16 Commodore St 1 Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>MARIA TORRES</u>		Treasurer Name <u>FRANCISCO FLORES</u>	
Street Address <u>75 Wendell St 1 Floor</u>		Street Address <u>143 HANOVER ST 2ND FLOOR</u>	
City <u>Providence</u>	State <u>R.I.</u>	City	State
Zip <u>02905</u>		Zip	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>ERVIN O. FAJARDO</u>		Director Name <u>BETZaida FAJARDO</u>	
Street Address <u>16 Commodore St 1 Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Director Name <u>Carmen D. Laurador</u>		Director Name <u>EliA. CRUZ</u>	
Street Address <u>16 Commodore St 1 Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>Betzaida Fajardo</u>		Date <u>6-7-2022</u>	
Signature of Officer/Authorized Representative			

FILED

JUN 7 2022

BY 4 JATO

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