



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 NOV 17 A 11:34

1. Entity ID Number 841083		2. Exact name of the Corporation CENTRO DE EVANGELISMO SHALOM INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PREACH JESUS CHRIST. BRINGING A MESSAGE OF SALVATION TO THE WHOLE WORLD. FOR THE GLORY OF GOD.			
4. NAICS Code 813110					
6. Principal Office Address 228 CARLETON ST.			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name REV. RENE GONZALEZ			Vice-President Name HILDA F. GONZALEZ		
Street Address 228 CARLETON ST.			Street Address 228 CARLETON ST.		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name JOSE TOMAS GONZALEZ			Treasurer Name THELMA YOLANDA MANZO		
Street Address 117 SHERMANS ST.			Street Address 41 BROOKS ST.		
City PAWTUCKET	State RI	Zip 02860	City CENTRAL FALL	State RI	Zip 02963
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 LUDIN YOBANI HERNANDEZ			Director Name THELMA YOLANDA MANZO		
Street Address 60 DEWEY ST.			Street Address 41 BROOKS ST.		
City PROVIDENCE	State RI	Zip 02909	City CENTRAL FALL	State RI	Zip 02963
Director Name JOSE TOMAS GONZALEZ			Director Name		
Street Address 117 SHERMANS ST.			Street Address		
City PAWTUCKET	State RI	Zip 02860	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 RENE GONZALEZ					Date
Signature of Officer/Authorized Representative 					