



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

→ 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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|--|-------------|---|----------------------|-------------|--------------|
| 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 | | | | FILED | |

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

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BY *[Signature]* GKNMI
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FORM 631 - Revised: 11/2021