



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2015

→ 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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BUS SVCS DIV

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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	City PROVIDENCE	State RI
Zip 02908		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	City CENTRAL FALL	State RI
Zip 02860		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	City CENTRAL FALL	State RI
Zip 02909		Zip 02963	
Director Name JOSE TOMAS GONZALEZ		Director Name	
Street Address 117 SHERMANS ST.		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		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	

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BY GKNMI
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