



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ 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

2023 FEB 10 P 2:22

1. Entity ID Number <u>001747426</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Dios Te Hago hoy</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Its Church.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>115 Sixth Ave 3F Front</u>		City <u>Woonsocket</u>	State <u>R.I.</u> Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Lamon Lopez</u>		Vice-President Name <u>Arellys Velazquez</u>	
Street Address <u>115 Sixth Ave 3F Front</u>		Street Address <u>115 Sixth Ave 3F Front</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Secretary Name <u>Sandra Velazquez</u>		Treasurer Name	
Street Address <u>54 Washington St</u>		Street Address	
City <u>Central Falls</u>	State <u>R.I.</u>	City	State
Zip <u>02863</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>Antonio Morales</u>		Director Name <u>Arellys Velazquez</u>	
Street Address <u>6 Beacon St 3F</u>		Street Address <u>115 Sixth Ave 3F Front</u>	
City <u>Central Falls</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02863</u>		Zip <u>02895</u>	
Director Name <u>Lamon Lopez</u>		Director Name	
Street Address <u>115 Sixth Ave 3F Front</u>		Street Address	
City <u>Woonsocket</u>	State <u>R.I.</u>	City	State
Zip <u>02895</u>		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 <u>[Signature]</u>		Date <u>2/10/23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		Date <u>2/10/23</u>	

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FEB 10 2023

BY ML GAGSN