



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.

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

2023 FEB 10 P 2:22

1. Entity ID Number 001747426		2. Exact name of the Corporation Iglesia Pentecostal Dios Te Hacer hoy	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island It's Church.	
4. NAICS Code 813110			
6. Principal Office Address 115 Sixth Ave 3F Front		City Woonsocket	State R.I. Zip 02895
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Lemon Lopez		Vice-President Name Arellys Velazquez	
Street Address 115 Sixth Ave 3F Front		Street Address 115 Sixth Ave 3F Front	
City Woonsocket	State R.I.	City Woonsocket	State R.I.
Secretary Name Sandra Velazquez		Treasurer Name	
Street Address 34 Washington St		Street Address	
City Central Falls	State R.I.	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Antonio Morales		Director Name Arellys Velazquez	
Street Address 6 Beacon St 3F		Street Address 115 Sixth Ave 3F Front	
City Central Falls	State R.I.	City Woonsocket	State R.I.
Director Name Lemon Lopez		Director Name	
Street Address 115 Sixth Ave 3F Front		Street Address	
City Woonsocket	State R.I.	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 Arellys Velazquez		Date 2/10/23	
Signature of Officer/Authorized Representative Arellys Velazquez		FILED FEB 10 2023	