



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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.

RECEIVED  
RI DEPT OF STATE  
BUSINESS SERVICES DIVISION  
2023 FEB 13 P 12:57

1. Entity ID Number <b>841083</b>		2. Exact name of the Corporation <b>Centro DE EVANGELISMO SHA LOM INC.</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>PREACH JESUS CHRIST. BRINGING A MESSAGE OF SALVATION TO THE WHOLE WORD, FOR THE GLORY OF GOD</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>228 CARLETON ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>REV. RENE Gonzalez</b>		Vice-President Name <b>HILDA F Gonzalez</b>	
Street Address <b>228 CARLETON ST</b>		Street Address <b>228 CARLETON ST.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02908</b>
Secretary Name <b>JOSE TOMAS Gonzalez</b>		Treasurer Name <b>THELMA YOLANDA MANZO</b>	
Street Address <b>117 SHERMANS ST.</b>		Street Address <b>41 BROOK ST.</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>CENTRAL FALLS</b>
			State <b>RI</b>
			Zip <b>02863</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>LUDIN GEOVANY HERNANDEZ</b>		Director Name <b>GABRIELA HANSTEIN</b>	
Street Address <b>60 DEWEY ST</b>		Street Address <b>83 BUCKLIN ST.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PAWTUCKET</b>
			State <b>RI</b>
			Zip <b>02861</b>
Director Name <b>JOSE TOMAS Gonzalez</b>		Director Name	
Street Address <b>117 SHERMANS ST</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>RENE Gonzalez</b>		Date <b>2/13/23</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED 2/13/23  
MCFEB 13 2023  
BY LC22D