



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2023

→ 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 27 P 2:00

1. Entity ID Number <b>000539469</b>		2. Exact name of the Corporation <b>Cristo Es El Camino, Iglesia Pentecostal</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>	
4. NAICS Code <b>831110</b>			
6. Principal Office Address <b>584 N. Main St</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</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>Sandra Ocasio</b>		Vice-President Name	
Street Address <b>2255 Diamond Hill Rd. Apt. H</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Xiomariz Lopez</b>		Treasurer Name <b>Madira Lopez</b>	
Street Address <b>2055 Diamond Hill Rd. Apt. G</b>		Street Address <b>253 Morin Heights</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Maria Lopez</b>		Director Name <b>Maria Lopez</b>	
Street Address <b>189 Morin Heights</b>		Street Address <b>2255 Morin Heights</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Director Name <b>Jamilet Lopez</b>		Director Name	
Street Address <b>2055 Diamond Hill Rd. Apt. G</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	City	State
Zip <b>02895</b>		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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Sandra Ocasio</b>			Date <b>02-26-27</b>
Signature of Officer/Authorized Representative <b>Sandra Ocasio</b>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 27 2023

BY

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