



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001722132

**2. Name of Corporation** Concilio Pentecostal Restaurando Vidas

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Principal Office Address**

No. and Street: 45 SALMON ST

APT 104

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO EXTEND THE GOSPEL AND HELP THE NEED OF THE COMMUNITY THROUGH THE WORD OF GOD.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	OLEIDY GONZALEZ DELACRUZ MRS	45 SALMON ST APRT 104 PROVIDENCE, RI 02909 USA
DIRECTOR	VICTOR A APONTE	527 MANTON AVE. 2 FL PROVIDENCE, RI 02909 USA
DIRECTOR	DENNIS G HERMIDA GONZALEZ	48 SACKETT ST. APT 101 PROVIDENCE, RI 02907 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

OLEIDY GONZALEZ DELACRUZ 45 SALMON STREET, APT. 104 PROVIDENCE , RI 02909

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of April, 2023 at 5:47:29 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By OLEIDY GONZALEZ DE LA CRUZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved