



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.

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R.I. DEPT. OF STATE  
BUS SERVICES DIV

2023 MAY 19 P 12:16

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| 1. Entity ID Number<br><u>655 314</u>  |                      | 2. Exact name of the Corporation<br><u>Iglesia mision EVANGELICA Principe de PAZ PENTECOSTO</u>                          |                      |
| 3. State of Incorporation<br><u>R.I.</u>   |                      | 5. Brief description of the character of business conducted in Rhode Island<br><br><u>CHURCH MEETING'S HEAD MISION'S</u> |                      |
| 4. NAICS Code<br><u>813 110</u>  |                      |  |                      |
| 6. Principal Office Address<br><u>95 HATHAWAY Center suite #33</u>   |                      | City<br><u>Providence</u>  | State<br><u>R.I.</u> |
|  |                      | Zip<br><u>02907</u>  |                      |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                      |  |                      |
| President Name<br><u>ERVIN O. FAJARDO</u>  |                      | Vice-President Name<br><u>BETZAIDA FAJARDO</u>   |                      |
| Street Address<br><u>16 Commodore St 1 Floor</u>   |                      | Street Address<br><u>16 Commodore St 1 Floor</u>   |                      |
| City<br><u>Providence</u>  | State<br><u>R.I.</u> | City<br><u>Providence</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02904</u>  |                      | Zip<br><u>02904</u>  |                      |
| Secretary Name<br><u>MAYRA TORRES</u>  |                      | Treasurer Name<br><u>FRANCISCO FLORES</u>  |                      |
| Street Address<br><u>75 WENDALL St 1 Floor</u>   |                      | Street Address<br><u>143 HANOVER St 2nd Floor</u>  |                      |
| City<br><u>Providence</u>  | State<br><u>R.I.</u> | City<br><u>Providence</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02909</u>  |                      | Zip<br><u>02909</u>  |                      |
| 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<br><u>ERVIN O. FAJARDO</u>   |                      | Director Name<br><u>BETZAIDA FAJARDO</u>   |                      |
| Street Address<br><u>16 Commodore St 1 Floor</u>   |                      | Street Address<br><u>16 Commodore St 1 Floor</u>   |                      |
| City<br><u>Providence</u>  | State<br><u>R.I.</u> | City<br><u>Providence</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02904</u>  |                      | Zip<br><u>02904</u>  |                      |
| Director Name<br><u>CARMEN D. LAURADOR</u>   |                      | Director Name<br><u>Eli A. Cruz</u>  |                      |
| Street Address<br><u>16 Commodore St 1 Floor</u>   |                      | Street Address<br><u>16 Commodore St 1 Floor</u>   |                      |
| City<br><u>Providence</u>  | State<br><u>R.I.</u> | City<br><u>Providence</u>  | State<br><u>R.I.</u> |
| Zip<br><u>02904</u>  |                      | Zip<br><u>02904</u>  |                      |
| 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>      |                      |  |                      |
| 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<br><u>Betzaida Fajardo</u>   |                      | Date<br><u>5-19-2023</u>   |                      |
| Signature of Officer/Authorized Representative<br><u>Betzaida Fajardo</u>  |                      |  |                      |

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MAY 19 2023

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