



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

2023 JUN -5 A 9:42

1. Entity ID Number <b>149662</b>	2. Exact name of the Corporation <b>Calvary Worship Center INC.</b>		
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>church</b>		
4. NAICS Code <b>813110</b>			

6. Principal Office Address <b>120 Prospect 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>Herson Gonzalez</b>			Vice-President Name <b>Valerie Gonzalez</b>		
Street Address <b>89 Saint Simon St</b>			Street Address <b>89 Saint Simon St</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>Marielis Cuello</b>			Treasurer Name <b>Mona DeChristofaro</b>		
Street Address <b>39 Wayde Rd</b>			Street Address <b>66 Beacon Ave</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</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>Herson Gonzalez</b>			Director Name <b>Mona DeChristofaro</b>		
Street Address <b>89 Saint Simon St</b>			Street Address <b>66 Beacon Ave</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Director Name <b>Eliud Hidalgo</b>			Director Name <b>Marielis Cuello</b>		
Street Address <b>184 Fairfield Ave</b>			Street Address <b>39 Wayde Rd</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>

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 <b>Valerie Gonzalez</b>	Date <b>6/5/23</b>
--	-----------------------

Signature of Officer/Authorized Representative 	<b>FILED</b>
--	--------------

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040

9:57 JUN 05 2023  
BY ML QBNNS