



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 149662		2. Exact name of the Corporation Calvary Worship Center INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island church			
4. NAICS Code 813110					
6. Principal Office Address 120 Prospect St			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Herson Gonzalez			Vice-President Name Valerie Gonzalez		
Street Address 89 Saint Simon St			Street Address 89 Saint Simon St		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Marielis Cuello			Treasurer Name Mona DeChristofaro		
Street Address 39 Wayde Rd			Street Address 66 Beacon Ave		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 Herson Gonzalez			Director Name Mona DeChristofaro		
Street Address 89 Saint Simon St			Street Address 66 Beacon Ave		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Eliud Hidalgo			Director Name Marielis Cuello		
Street Address 184 Fairfield Ave			Street Address 39 Wayde Rd		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 Valerie Gonzalez					Date 6/5/23
Signature of Officer/Authorized Representative 					

FILED

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

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BY ML

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