



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2021  
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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BUS SVCS DIV

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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 MUST list at least THREE 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.					
<i>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.</i>					
<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 <b>Valerie Gonzalez</b>					Date <b>6/5/23</b>
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 9BNN5