



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2012**

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>370 N Main 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>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Jessica Reyes</b>		Treasurer Name <b>Donna Brillon</b>	
Street Address <b>35 Oliver St</b>		Street Address <b>120 5th Ave</b>	
City <b>Milford</b>	State <b>MA</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>01757</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>Juan Pacheco</b>	
Street Address <b>89 Saint Simon St</b>		Street Address <b>40 Camp St</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Worcester</b>	State <b>MA</b>
Zip <b>02895</b>		Zip <b>01609</b>	
Director Name <b>Donna Brillon</b>		Director Name	
Street Address <b>120 5th Ave</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	City	State
Zip <b>02895</b>		Zip	
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 <b>Valerie Gonzalez</b>			Date <b>6/5/23</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

9:45 JUN 05 2023  
BY ML QBNN5

FORM 631- Revised: 04/2023