



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

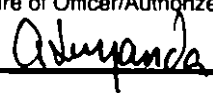
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JUN 22 PM 2:11

1. Entity ID Number 001676698		2. Exact name of the Corporation La Iglesia de Dios de la Profecia Woonsocket	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island House of Worship	
5. Principal Office Address 598 Wood Ave		City Woonsocket	State RI
		Zip 02895	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angel J. Luyanda		Vice-President Name Miguel A. Perez	
Street Address 120 Steve Lopes Way		Street Address 551 Wood Ave	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name Natividad Gonzalez		Treasurer Name Zaida Diaz	
Street Address 51 Chestnut St.		Street Address 144 Bourden Blvd	
City Franklin	State MA	City Woonsocket	State RI
Zip 02038		Zip 02895	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Shirley Fratlicelli		Director Name Lydia Morales	
Street Address 395 Woodland Rd		Street Address 1117 Charles Place	
City Woonsocket	State RI	City Bellingham	State MA
Zip 02895		Zip 02019	
Director Name Antonio Otero		Director Name	
Street Address 11 Yale Dr.		Street Address	
City Milford	State MA	City	State
Zip 01757		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Angel J. Luyanda			Date 6/12/2023
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016