



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

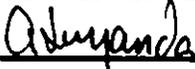
Annual Report for the year: 2022

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

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|--|-----------------|--|------------------------|--------------------------|------------------|
| 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 | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Secretary Name Natividad Gonzalez | | Treasurer Name Zaida Diaz | | | |
| Street Address 51 Chestnut St. | | Street Address 144 Bourden Blvd | | | |
| City Franklin | State MA | Zip 02038 | City Woonsocket | State RI | 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 | Zip 02895 | City Bellingham | State MA | Zip 02019 |
| Director Name Antonio Otero | | Director Name | | | |
| Street Address 11 Yale Dr. | | Street Address | | | |
| City Milford | State MA | Zip 01757 | City | State | 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