



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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1. Entity ID Number <b>001676698</b>		2. Exact name of the Corporation <b>La Iglesia de Dios de la Profecia Woonsocket</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>House of Worship</b>	
5. Principal Office Address <b>598 Wood Ave</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Angel J. Luyanda</b>		Vice-President Name <b>Miguel A. Perez</b>	
Street Address <b>120 Steve Lopes Way</b>		Street Address <b>551 Wood Ave</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>Natividad Gonzalez</b>		Treasurer Name <b>Zaida Diaz</b>	
Street Address <b>51 Chestnut St.</b>		Street Address <b>144 Bourden Blvd</b>	
City <b>Franklin</b>	State <b>MA</b>	City <b>Woonsocket</b>	State <b>RI</b>
Zip <b>02038</b>		Zip <b>02895</b>	
7. 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>Shirley Fraticelli</b>		Director Name <b>Lydia Morales</b>	
Street Address <b>395 Woodland Rd</b>		Street Address <b>1117 Charles Place</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Bellingham</b>	State <b>MA</b>
Zip <b>02895</b>		Zip <b>02019</b>	
Director Name <b>Antonio Otero</b>		Director Name	
Street Address <b>11 Yale Dr.</b>		Street Address	
City <b>Milford</b>	State <b>MA</b>	City	State
Zip <b>01757</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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>			
<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 <b>Angel J. Luyanda</b>		Date <b>6/12/2023</b>	
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

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Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016