



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 001698114

2. Name of Corporation Iglesia de Dios Pentecostal Casa del Dios de Jacob C.L.A

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813110

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1200 HARTFORD AVE
SUITE 6

City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PREACH THE GOSPEL AND SHARE BIBLICAL TEACHINGS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	FREMY PARRA	50 PRAIRIE AVE APT 423 PROVIDENCE, RI 02905 USA
DIRECTOR	MIGUELINA SANTANA	50 PRAIRIE AVE APT 423 PROVIDENCE, RI 02905 USA
DIRECTOR	VIRGINIA PARRA	387 LAUREL HILL CRANSTON, RI 02920 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

FREMY PARRA 1200 HARTFORD AVE SUITE 6 JOHNSTON , RI 02919

Signed this 28 Day of August, 2023 at 2:37:51 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By FREMY PARRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 28, 2023 02:37 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

