



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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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1. Entity ID Number <u>831705</u>		2. Exact name of the Corporation <u>Iglesia Pentecosta Casa de oracion Jehova Elshin</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>575 Cumberland Hill Rd, Church is a Domestic Non-Profit Corporation - Christian Education</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>575 Cumberland Hill Rd.</u>		City <u>Woonsocket</u>		State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Elias Rojas</u>			Vice-President Name <u>Aileen I Rojas</u>		
Street Address <u>148 Bourdon Blvd</u>			Street Address <u>148 Bourdon Blvd</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>Alicia Gonzaga</u>			Treasurer Name <u>Adabel Cruz</u>		
Street Address <u>154 S. Bend ST</u>			Street Address <u>240 Rock Ridge Dr</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
8. 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 <u>Nataniel Gonzaga</u>			Director Name <u>Iraida Malave</u>		
Street Address <u>154 S. Bend ST</u>			Street Address <u>64 Memorial Dr.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Director Name <u>Luis Simons</u>			Director Name		
Street Address <u>64 Memorial Dr.</u>			Street Address		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Aileen I Rojas</u>					Date <u>11-14-23</u>
Signature of Officer/Authorized Representative <u>Aileen Rojas</u>					<u>W-3</u> FILED 254

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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