



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2021
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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BUS SVCS DIV

2023 NOV 14 P 2:50

1. Entity ID Number 831705		2. Exact name of the Corporation Iglesia Pentecosta Casa de Oracion Jehová Elohim	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 575 Cumberland Hill Rd, Church is a Domestic Non-Profit Corporation - Christian Education	
4. NAICS Code 813110			
6. Principal Office Address 575 Cumberland Hill rd.		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Elias Rojas		Vice-President Name Aileen I Rojas	
Street Address 148 Bourdon Blvd		Street Address 148 Bourdon Blvd	
City Woonsocket	State RI	Zip 02895	City Woonsocket
			State RI
			Zip 02895
Secretary Name Alicia Gonzaga		Treasurer Name Adabel Cruz	
Street Address 154 S. Bend ST		Street Address 240 Rock Ridge Dr	
City Pawtucket	State RI	Zip 02860	City Woonsocket
			State RI
			Zip 02895
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 Nataniel Gonzaga		Director Name Traida Malave	
Street Address 154 S. Bend ST		Street Address 64 Memorial Dr.	
City Pawtucket	State RI	Zip 02860	City Woonsocket
			State RI
			Zip 02895
Director Name Luis Simonas		Director Name	
Street Address 64 Memorial Dr.		Street Address	
City Woonsocket	State RI	Zip 02895	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.			
<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 Aileen I Rojas		Date 11-14-23	
Signature of Officer/Authorized Representative Aileen Rojas		FILED 253	

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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BY **BPAUF**