



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2019  
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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2023 NOV 14 P 2:50

1. Entity ID Number <b>831705</b>		2. Exact name of the Corporation <b>Iglesia Pentecosta Casa de Oracion Jehová Elohim</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>575 Cumberland Hill Rd, Church is a Domestic Non-Profit Corporation - Christian Education</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>575 Cumberland Hill rd.</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Elias Rojas</b>		Vice-President Name <b>Aileen I Rojas</b>	
Street Address <b>148 Bourdon Blvd</b>		Street Address <b>148 Bourdon Blvd</b>	
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>
			State <b>RI</b>
			Zip <b>02895</b>
Secretary Name <b>Alicia Gonzaga</b>		Treasurer Name <b>Adabel Cruz</b>	
Street Address <b>154 S. Bend ST</b>		Street Address <b>240 Rock Ridge Dr</b>	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Woonsocket</b>
			State <b>RI</b>
			Zip <b>02895</b>
8. 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>Nataniel Gonzaga</b>		Director Name <b>Iraida Malave</b>	
Street Address <b>154 S. Bend ST</b>		Street Address <b>64 Memorial Dr.</b>	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Woonsocket</b>
			State <b>RI</b>
			Zip <b>02895</b>
Director Name <b>Luis Simonas</b>		Director Name	
Street Address <b>64 Memorial Dr.</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>Aileen I Rojas</b>		Date <b>11-14-23</b>	
Signature of Officer/Authorized Representative <b>Aileen Rojas</b>		<b>FILED 251</b>	

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 **BLAUF**  
FORM 001 Revised 04/2023