



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024

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.

1. Entity ID Number <b>001746922</b>		2. Exact name of the Corporation <b>RIVER OF GOD (RIO DE DIOS), INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>A Christian church preaching redemptive love of Jesus Christ, conducting weekly religious services, prayers, evangelism, community food outreach...</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>232 Woonasquatucket Ave,</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</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>JOSE CORREIA</b>			Vice-President Name <b>ANGELICA CEBALLOS</b>		
Street Address <b>17 Pensaukee Ave.</b>			Street Address <b>375 Pinnacle Dr,</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>WINDER</b>	State <b>GA</b>	Zip <b>30680</b>
Secretary Name <b>LOYDA DeSYLVA</b>			Treasurer Name <b>KEVIN LIMA</b>		
Street Address <b>248 Woonasquatucket Ave,</b>			Street Address <b>256 Douglas Ave</b>		
City <b>North Province</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSE CORREIA</b>			Director Name <b>ANGELICA CEBALLOS</b>		
Street Address <b>17 Pensaukee Ave</b>			Street Address <b>375 PINNACLE Dr,</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>WINDER</b>	State <b>GA</b>	Zip <b>30680</b>
Director Name <b>SERGIO CORREIA</b>			Director Name <b>KEVIN LIMA</b>		
Street Address <b>10 Metcalf Ave</b>			Street Address <b>256 Douglas Ave</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Dr SEGUN MASHA</b>				Date <b>01/12/2024</b>	
Signature of Officer/Authorized Representative 				FILED 2:48 JAN 22 2024	

MAIL TO:  
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Website: www.sos.ri.gov

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