



State of Rhode Island
Department of State - Business Services Division

REGD 2025 BSD
24 JAN 22 02:45:27

01/12/24

Annual Report for the year: 2023

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 001746922		2. Exact name of the Corporation RIVER OF GOD (RIO DE DIOS), INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A Christian church preaching redemptive love of Jesus Christ, conducting weekly religious services, prayers, evangelism, community food outreach...			
4. NAICS Code 813110					
6. Principal Office Address 232 Woonasquatucket Ave,			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE CORREIA			Vice-President Name ANGELICA CEBALLOS		
Street Address 17 Pensaukee Ave.			Street Address 375 Pinnacle Dr,		
City North Providence	State RI	Zip 02911	City WINDER	State GA	Zip 30680
Secretary Name LOYDA DeSYLVA			Treasurer Name KEVIN LIMA		
Street Address 248 Woonasquatucket Ave,			Street Address 256 Douglas Ave		
City North Province	State RI	Zip 02911	City Providence	State RI	Zip 02908
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 JOSE CORREIA			Director Name ANGELICA CEBALLOS		
Street Address 17 Pensaukee Ave			Street Address 375 PINNACLE Dr,		
City North Providence	State RI	Zip 02911	City WINDER	State GA	Zip 30680
Director Name SERGIO CORREIA			Director Name KEVIN LIMA		
Street Address 10 Metcalf Ave			Street Address 256 Douglas Ave		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02908
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.					
<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 Dr SEGUN MASHA					Date 01/12/2024
Signature of Officer/Authorized Representative 					FILED 2:47 JAN 22 2024

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY BSX WA PS