



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

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RI DEPT. OF STATE
BUS. SERVICES

2024 JAN 25 A 11:36

- 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 000486772		2. Exact name of the Corporation Movimiento Internacional de Iglesias Pentecostales Jehova el			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Restaurador PREACH THE GOSPEL OF THE LORD JESUS CHRIST ADMINISTER THE ORDINANCES OF THE CHURCH AND CHRISTIAN MINISTRY			
4. NAICS Code 813110					
6. Principal Office Address 14 MAIN ST			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 ZAIDA LOPEZ			Vice-President Name		
Street Address 242 FOURTH AVE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Secretary Name MARGARITA OQUENDO			Treasurer Name ADAMARIE CANDELARIO		
Street Address 115 SIXTH AVE			Street Address 224 COE ST		
City WOONSOCKET	State RI	Zip 02895	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 AMARILIS CASANOVA			Director Name EDUARDO CANDELARIO		
Street Address 40 BOURDON BLVD			Street Address 224 COE ST		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name CARLOS LOPEZ			Director Name		
Street Address 242 FOURTH AVE			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.					
<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 <i>Zaida Lopez</i>					Date 01/25/2024
Signature of Officer/Authorized Representative <i>Zaida Lopez</i>					

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

FILED

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JAN 25 2024
BY ML Cox 2ME