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State of Rhode Island
Department of State - Business Services Division

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 <u>001663043</u>		2. Exact name of the Corporation <u>Omega Iglesia Pentecostal Alpha & Omega</u>		
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>praise - preach the word of God</u> <u>help those in need</u>		
4. NAICS Code <u>813110</u>				
6. Principal Office Address <u>747 Broad St.</u>		City <u>providence</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name <u>maria Luisa Rodriguez</u>		Vice-President Name <u>Daire Corton</u>		
Street Address <u>40 Anthony St.</u>		Street Address <u>467 Public St.</u>		
City <u>providence</u>	State <u>R.I.</u>	Zip <u>02907</u>	City <u>providence</u>	State <u>R.I.</u>
Secretary Name <u>Eufemia Lopez</u>		Treasurer Name <u>Francisco Corton</u>		
Street Address <u>101 Btfield St.</u>		Street Address <u>467 Public St.</u>		
City <u>providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	City <u>providence</u>	State <u>R.I.</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name <u>maria Luisa Rodriguez</u>		Director Name <u>Daire Corton</u>		
Street Address <u>40 Anthony St.</u>		Street Address <u>467 Public St.</u>		
City <u>providence</u>	State <u>R.I.</u>	Zip <u>02907</u>	City <u>providence</u>	State <u>R.I.</u>
Director Name <u>Francisco Corton</u>		Director Name <u>Francisco Corton</u>		
Street Address <u>467 Public St.</u>		Street Address <u>467 Public St.</u>		
City <u>providence</u>	State <u>R.I.</u>	Zip <u>02907</u>	City <u>providence</u>	State <u>R.I.</u>
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.				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative <u>Maria L. Rodriguez</u>				Date <u>2:22</u>
Signature of Officer/Authorized Representative <u>Maria L. Rodriguez</u>				

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

JAN 31 2024
BY 89243 PS