



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RIDOS BSD  
24 FEB 12 PM 4:15:18

1. Entity ID Number <u>601747426</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Dios Tellos Hoy</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>FFS Church</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>115 Sixth Ave 3F Front</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Ramon Lopez</u>			Vice-President Name <u>Abelys Velazquez</u>		
Street Address <u>115 Sixth Ave 3F Front</u>			Street Address <u>115 6th Ave 3F F.</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>Sandra Velazquez</u>			Treasurer Name <u>Antonio Morales</u>		
Street Address <u>54 Washington St.</u>			Street Address <u>6 Bealon St. 3F.</u>		
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
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 <u>Ramon Lopez</u>			Director Name <u>Abelys Velazquez</u>		
Street Address <u>115 Sixth Ave 3F F</u>			Street Address <u>115 6th Ave 3F F.</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
Director Name <u>Antonio Morales</u>			Director Name		
Street Address <u>6 Bealon St 3F.</u>			Street Address		
City <u>Central F.</u>	State <u>RI</u>	Zip <u>02863</u>	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.					
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>Ramon Lopez</u>					Date
Signature of Officer/Authorized Representative <u>Ramon Lopez</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

FILED

FEB 12 2024  
BY ML VTTIN

FORM 631- Revised: 04/2023