



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 RHODES BSD
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1. Entity ID Number 601747426		2. Exact name of the Corporation Iglesia Pentecostal Dios Tellos Hoy			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FIS Church			
4. NAICS Code 813110					
6. Principal Office Address 115 Sixth Ave 3F Front			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 Ramon Lopez			Vice-President Name Abelys Velazquez		
Street Address 115 Sixth Ave 3F Front			Street Address 115 6th ave 3FF		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Sandra Velazquez			Treasurer Name Antonio Morales		
Street Address 54 Washington St.			Street Address 6 Bealon St. 3F.		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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 Ramon Lopez			Director Name Abelys Velazquez		
Street Address 115 Sixth Ave 3FF			Street Address 115 6th ave 3FF		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Antonio Morales			Director Name		
Street Address 6 Bealon St 3F.			Street Address		
City Central F.	State RI	Zip 02863	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 Ramon Lopez					Date
Signature of Officer/Authorized Representative <i>Ramon 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

FEB 12 2024
BY ML VTJIN