



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.

FEB 14 2024 STA: [Signature]
 29080707030

1. Entity ID Number 789274		2. Exact name of the Corporation Iglesia Pentecostes Mahanaim			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preach the Gospel to every body and help needed families			
4. NAICS Code 813110 - Religious Organizati					
6. Principal Office Address 53 Bath Street		City Providence	State RI	Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Juan Jose Arias		Vice-President Name Juan de Dios Catillo			
Street Address 53 Bath Street		Street Address 178 Amherst Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Secretary Name Alberto Xan		Treasurer Name Ana Xan			
Street Address 211 Norfolk Avenue		Street Address 211 Norfolk Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Juan Jose Arias		Director Name Juan de Dios Castillo			
Street Address 53 Bath Street		Street Address 178 Amherst Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Director Name Alberto Xan		Director Name Ana Xan			
Street Address 211 Norfolk Avenue		Street Address 211 Norfolk Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Juan Jose Arias				Date 02/02/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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