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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.

1. Entity ID Number: 1765768	2. Exact name of the Corporation: Iglesia Pentecostal Jehova te Pastoreara
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: to preach the holy gospel of Jesus Christ
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
190 Galego Ct Apt 1-A	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Diana I Ortiz Melendez			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name: Keishla Marie Valentine			Treasurer Name: Ricardo Gonzalez Ortiz		
Street Address: 134 Hanover Ave.			Street Address: 134 Hanover Ave.		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Diana I Ortiz Melendez			Director Name: Ricardo Gonzalez Ortiz		
Street Address: 190 Galego Ct Apt 1-A			Street Address: 134 Hanover Ave.		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name: Keishla Marie Valentine			Director Name		
Street Address: 134 Hanover Ave.			Street Address		
City: Pawtucket	State: RI	Zip: 02860	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	Date
Diana I Ortiz Melendez	2/23/24

Signature of Officer/Authorized Representative

FILED
FEB 23 2024
BY JMBCP

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

FORM 631- Revised 04/2023