



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 <u>645 197</u>		2. Exact name of the Corporation <u>Iglesia Pentecostista, Roca Eterna</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>To preach to operate the ordinance</u> <u>OF GOSPEL</u>	
4. NAICS Code <u>813-110</u>			
6. Principal Office Address <u>136 ST Broad ST # 7 A</u>		City <u>Pawtucket</u>	State <u>R.I.</u>
		Zip <u>02863</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>CARMEN L. ALICEA</u>		Vice-President Name <u>EVELYN MORENO</u>	
Street Address <u>466 HUNT ST 414</u>		Street Address <u>222 ILLINDS ST APT 1</u>	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02863</u>	
Secretary Name <u>MARILYN MORENO</u>		Treasurer Name <u>ANNEHE FIGUEROA</u>	
Street Address <u>104 Cottage ST APT 1</u>		Street Address <u>375 MIHERRAL SPRING</u>	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02860</u>	
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 <u>BETTY HERNANDEZ</u>		Director Name <u>DULCE M. GARCIA</u>	
Street Address <u>80 LEONARD JENARDORI-B</u>		Street Address <u>466 HUNT ST # 314</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>CENTRAL FALLS</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02863</u>	
Director Name <u>ALCIRA ZAPATA</u>		Director Name <u>ROBERTO FIGUEROA</u>	
Street Address <u>108 - BEDLEY # 1</u>		Street Address <u>455 LONEDALE ST</u>	
City <u>CENTRAL FALLS</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u>
Zip <u>02863</u>		Zip <u>02860</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>CARMEN L ALICEA</u>			Date <u>2-29-24</u>
Signature of Officer/Authorized Representative <u>CARMEN L ALICEA</u>			FILED <u>2-29-24</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

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BY 3V2TQ KJ