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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: 1754614	2. Exact name of the Corporation: Iglesia Oasis de Bendición A.D
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Preach the Gospel of Jesus christ and serve the community
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
65 Goff Avenue	Pawtucket	RI	02860

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

President Name: José Nicolas González Soler			Vice-President Name: Jose Esdras Gonzalez		
Street Address: 45 Ocean St. 2F			Street Address: 136 Rugby st		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Secretary Name: Mariel Tapia			Treasurer Name: Francisco Alberto Aleman		
Street Address: 136 Rugby st			Street Address: 40 Sackett street		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02907

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

Director Name: Aleida Diaz de Gonzalez			Director Name: Esther Gervacio		
Street Address: 45 Ocean st 2f.			Street Address: 45 Heath st.		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02909
Director Name: Marianela Soler			Director Name:		
Street Address: 45 Ocean st 2f			Street Address:		
City: Providence	State: RI	Zip: 02905	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
Jose Nicolas Gonzalez Soler	3/6/2024

Signature of Officer/Authorized Representative

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
MAR 06 2024
BY ML YGM 9Q

FORM 631- Revised: 04/2023