



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.

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1. Entity ID Number <u>1063623</u>		2. Exact name of the Corporation <u>Movimiento Evangelistico Agua de Vida Inc</u>	
3. State of Incorporation <u>PA</u>		5. Brief description of the character of business conducted in Rhode Island <u>The corporation organized Conducto</u> <u>religios servece</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>588 Y N St Street P</u>		City <u>Philadelphia</u>	State <u>PA</u>
		Zip <u>19120</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Rev Agustin Plmente</u>		Vice-President Name <u>Carmen Plmentel</u>	
Street Address <u>5834 N Sta St</u>		Street Address <u>5834 N, St 4 Street</u>	
City <u>Philadelphia</u>	State <u>PA</u>	City <u>Philadelphia</u>	State <u>PA</u>
Zip <u>19120</u>		Zip <u>19120</u>	
Secretary Name <u>Evelyn J Plmentel</u>		Treasurer Name <u>Carmen Ramirez</u>	
Street Address <u>5834 N Sta Street</u>		Street Address <u>4504 D Street</u>	
City <u>Philadelphia</u>	State <u>PA</u>	City <u>Philadelphia</u>	State <u>PA</u>
Zip <u>19120</u>		Zip <u>1912</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Julio Recarey</u>		Director Name <u>Francisca Hernandez</u>	
Street Address <u>3560 Almon St APT 203</u>		Street Address <u>35 Salmon St APT 203</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Director Name <u>Ana Recarey</u>		Director Name	
Street Address <u>792 Potrens Ave 73</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02907</u>		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 <u>Julio Recarey</u>			Date
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 11 2024

FORM 631- Revised: 04/2023

BY

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