



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>001049001</u> | | 2. Exact name of the Corporation <u>Iglesia Evangelio Pentecostez San Marcos 16.15</u> | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>CHURCH</u> | |
| 4. NAICS Code <u>813110</u> | | | |
| 6. Principal Office Address <u>952 Cranston St</u> | | City <u>CRANSTON</u> | State <u>RI</u> Zip <u>02920</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Marcos Alonzo Castro</u> | | Vice-President Name <u>Marcelina Alonzo</u> | |
| Street Address <u>82 ANTHONY AVE</u> | | Street Address <u>82 ANTHONY AVE</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PROVIDENCE</u> | State <u>RI</u> Zip <u>02909</u> |
| Secretary Name <u>Guadalupe Alonzo</u> | | Treasurer Name <u>Marta Gutierrez</u> | |
| Street Address <u>82 ANTHONY AVE</u> | | Street Address <u>517 CRANSTON ST</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PROVIDENCE</u> | State <u>RI</u> Zip <u>02907</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>Carlos Manuel Gutierrez</u> | | Director Name <u>Marcos Alonzo Castro</u> | |
| Street Address <u>517 CRANSTON ST</u> | | Street Address <u>82 ANTHONY AVE</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PROVIDENCE</u> | State <u>RI</u> Zip <u>02909</u> |
| Director Name <u>Marcos Jose Alonzo</u> | | Director Name <u>Maria Alonzo Pu</u> | |
| Street Address <u>82 ANTHONY AVE</u> | | Street Address <u>517 CRANSTON ST</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PROVIDENCE</u> | State <u>RI</u> Zip <u>02907</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>MARCOS ALONZO CASTRO</u> | | | Date <u>3/15/24</u> |
| Signature of Officer/Authorized Representative <u>Marcos Alonzo Castro</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

FILED

MAR 15 2024
BY ML N5NG1

FORM 631- Revised: 04/2023