



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.

REC'D RIDOS BSD
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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>	Zip <u>02909</u>	City <u>PROVIDENCE</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>	Zip <u>02909</u>	City <u>PROVIDENCE</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>	Zip <u>02907</u>	City <u>PROVIDENCE</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>	Zip <u>02909</u>	City <u>PROVIDENCE</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