

REC'D RIDOS BSD
24 MAR 22 AM 10:24:46State of Rhode Island
Department of State - Business Services DivisionAnnual 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>000872404</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Emanuel</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preach the Gospel and Help the Homeless and the community</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>15 Memorial Dr</u>		City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Victor M DIAZ</u>		Vice-President Name <u>Milagros Lopez</u>	
Street Address <u>15 Memorial Dr</u>		Street Address <u>15 Memorial Dr</u>	
City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
Secretary Name <u>Milagros Lopez</u>		Treasurer Name <u>Betsy Delgado</u>	
Street Address <u>15 Memorial Dr</u>		Street Address <u>727 Front St Apt 207B</u>	
City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</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>Victor M DIAZ</u>		Director Name <u>Milagros Lopez</u>	
Street Address <u>15 Memorial Dr</u>		Street Address <u>15 Memorial Dr</u>	
City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
Director Name <u>Betsy Delgado</u>		Director Name <u>Milagros Lopez</u>	
Street Address <u>727 Front St Apt 207B</u>		Street Address <u>15 Memorial Dr</u>	
City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</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>Victor M. DIAZ</u>			Date <u>3/22/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</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 ML 2JWC6 FORM 631- Revised: 04/2023