



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>1681595</u>		2. Exact name of the Corporation <u>Ebenezer Pentecostal Church</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>Religious</u>			
6. Principal Office Address <u>68 Althea St.</u>			City <u>Providence,</u>	State <u>RI</u>	Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Julio C. Lopez</u>		Vice-President Name <u>Agustin Urbina</u>			
Street Address <u>58 Waverly St</u>		Street Address <u>92 Hendrick St</u>			
City <u>Providence,</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence,</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Marpa Perez</u>		Treasurer Name <u>Juan Mendez</u>			
Street Address <u>56 Fletcher St.</u>		Street Address <u>118 Roosevelt St</u>			
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</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>Julio C. Lopez</u>		Director Name <u>Juan Mendez</u>			
Street Address <u>58 Waverly St</u>		Street Address <u>118 Roosevelt St</u>			
City <u>Providence,</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Agustin Urbina</u>		Director Name			
Street Address <u>92 Hendrick St</u>		Street Address			
City <u>Providence,</u>	State <u>RI</u>	Zip <u>02908</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Julio C Lopez</u>					Date <u>03/29/24</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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FILED
MAR 29 2024
BY RDR2R