



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  
24 APR 10 PM 12:32:07

1. Entity ID Number <u>655 314</u>		2. Exact name of the Corporation <u>IGLESIA MISION EVANGELICA</u> <u>PRINCIPE de PAZ PRUTESTE</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH MEETINGS</u>	
4. NAICS Code <u>813 110</u>		Head Off the Mission	
6. Principal Office Address <u>95 HATHAWAY center</u>		City <u>Providence</u>	State <u>R.I</u> Zip <u>02907</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>ERVINO. FAJARDO</u>		Vice-President Name <u>Betzaida FAJARDO</u>	
Street Address <u>16 Commodore St 1F/00r</u>		Street Address <u>16 Commodore St 1F/00r</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</u>
Secretary Name <u>MARIA TORRES</u>		Treasurer Name <u>FRANCISCO Flores</u>	
Street Address <u>75 Wendell St 1 Floor</u>		Street Address <u>143 HANOVER St 2ND Floor</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02909</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ERVIN O. FAJARDO</u>		Director Name <u>BETZaida FAJARDO</u>	
Street Address <u>16 Commodore St 1F/00r</u>		Street Address <u>16 Commodore St 1F/00r</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</u>
Director Name <u>CARMEN D. LAURADOR</u>		Director Name <u>Eli A. CRUZ</u>	
Street Address <u>16 Commodore St 1F/00r</u>		Street Address <u>16 Commodore St 1F/00r</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</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>Betzaida Fajardo</u>		Date <u>4-10-2024</u>	
Signature of Officer/Authorized Representative		FILED 1232	
APR 10 2024			

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY MQ FSA

KJ