



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 10 PM 12:32:00

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.

1. Entity ID Number <u>655 314</u>	2. Exact name of the Corporation <u>IGLESIA MISION EVANGELICA</u> <u>PRINCIPE de PAZ Pentecoste</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>	<u>Head Off the Mission</u>		

6. Principal Office Address <u>95 HATHAWAY center</u>	City <u>Providence</u>	State <u>R.I</u>	Zip <u>02907</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>ERVINO. FAJARDO</u>			Vice-President Name <u>Betzaida FAJARDO</u>		
Street Address <u>16 Commodore St 1FLOOR</u>			Street Address <u>16 Commodore St 1FLOOR</u>		
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</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>	Zip <u>02909</u>	City <u>Providence</u>	State <u>R.I</u>	Zip <u>02909</u>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <u>ERVIN O. FAJARDO</u>			Director Name <u>BETZaida FAJARDO</u>		
Street Address <u>16 Commodore St 1FLOOR</u>			Street Address <u>16 Commodore St 1FLOOR</u>		
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02904</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 1FLOOR</u>			Street Address <u>16 Commodore St 1FLOOR</u>		
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02904</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>	FILED 1232	Date <u>4-10-2024</u>
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Signature of Officer/Authorized Representative
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
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