		hode Island ecretary of State	Fee: \$20.00	
		usiness Services Liver Street		
1426		RI 02904-2615		
1030	(401) 2	22-3040		
Non-Profit Corpora	tion			
Annual Report				
Filing Period: February	v 1 - May 1			
	.G.L. 7-6-94, each corporation e time prescribed by law (R.I.G			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. Corporate ID No. 001752191				
2. Name of Corporation IGLESIA DE DIOS PENTECOSTAL MI SOMOS LA IGLESIA				
3. State of Incorpora	tion			
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
L				
<u>813110</u>				
4. Principal Office A	ddress			
No. and Street: 7	75 VILLAGE RD APT 7			
<u> </u>	<u>VOONSOCKET</u>	State: <u>RI</u> Zip: <u>02895</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
FOR THE EVERYDAY FAMILY. WHERE WE PROMOTE MORALS AND VALUES AND				
ALSO HELP THE COMMUNITY WITH ANY				
	EET AS A CHURCH.			
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
1				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MARTIN CAPELES JR	75 VILLAGE RD APT 7 WOONSOCKET, RI 02895 USA
DIRECTOR	MARTIN CAPELES JR	75 VILLAGE RD APT 7 WOONSOCKET , RI 02895 USA
DIRECTOR	OMARA LISS ARROYO	75 VILLAGE RD APT 7 WOONSOCKET, RI 02895 USA
DIRECTOR	MILAGROS RIVERA	10 GEORGE ST APT 17 PAWTUCKET, RI 02860 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARTIN CAPELES 75 VILLAGE RD APT 7 WOONSOCKET , RI 02895

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of April, 2024 at 11:16:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARTIN CAPELES

Signature of Authorized Person

Form No. 631 Revised 09/07

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