



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 APR 12 PM 3:36:10

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>1733490</u>	2. Exact name of the Corporation <u>Iglesia Aguas De Las Fuente De La Salvacion</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>COMMUNITY prayers, study, servicing community.</u>
4. NAICS Code <u>831110</u>	

6. Principal Office Address <u>80 HIGGINSON AVE. B</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</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>Jose M. Velez</u>			Vice-President Name <u>Martha Corchado</u>		
Street Address <u>Same as above</u>			Street Address <u>Same as above</u>		
City	State	Zip	City	State	Zip
Secretary Name <u>Martha Corchado</u>			Treasurer Name <u>Jacqueline Toliver</u>		
Street Address <u>Same as above</u>			Street Address <u>4 Barry Rd. #2</u>		
City	State	Zip	City	State	Zip
				<u>R.I.</u>	<u>02909</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Jacqueline Toliver</u>			Director Name <u>MARtha CORCHADO</u>		
Street Address <u>4 Barry Dr. #2</u>			Street Address <u>Same as above</u>		
City <u>Prov.</u>	State <u>R.I.</u>	Zip <u>02909</u>	City	State	Zip
Director Name <u>JOSE R. Mardones</u>			Director Name		
Street Address <u>SAME AS ABOVE</u>			Street Address		
City	State	Zip	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.

*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>JOSE M. Velez</u>	Date <u>4/12/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>	

**FILED**  
APR 12 2024  
BY VEGCK  
AA

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