RI SOS Filing Number: 202451153010 Date: 4/15/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

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

Penalty: Additional \$25.00 fee if					//	
1. Entity ID Number	2. Exact name of the Corporation					
119131	Iglesia Pentecostal Roca Eterna					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	To proclaim the gospel of Christ and beliefs of evangelical faith. To					
4. NAICS Code	maintain the worship of God, and inspire all persons, a love for Christ.					
813110-Religious Corp						
6. Principal Office Address			City	State	Zip	
400 Warwick Ave Unit 12			Warwick	RI	02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Maria Alcantara			Vice-President Name Maira Pena			
Street Address 59 Wilson Ave			Street Address 107 Pomon	Street Address 107 Pomona Ave		
^{City} Johnston	State RI	^{Zip} 02919	City Providence	State RI	^{Zip} 02908	
Secretary Name Wanda Escobedo			Treasurer Name			
Street Address 208 Early St			Street Address			
^{City} Providence	State RI	^{Zip} 02907	City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Maria Alcantara			Director Name Encarnacion Avila			
Street Address 56 Wilson Ave			Street Address 44 Laban St			
City Johnston	State RI	^{Zip} 02919	City Providence	State RI	02909	
Director Name Maira Pena			Director Name			
Street Address 107 Pomona Ave			Street Address			
^{City} Providence	State RI	^{Zip} 02908	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 Pres	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date		
Wanda Escobedo				4/11/2024		
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov