



State of Rhode Island  
Department of State - Business Services Division

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24 APR 17 PM 1:53:47

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 <b>001721563</b>	2. Exact name of the Corporation <b>IGLESIA BAPTISTA HISPANA EL CALVARIO</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>SERVING THE COMMUNITY WITH MINISTRIES THAT ARE PROPER TO BAPTIST CHURCHES IN RHODE ISLAND - SHARING THE GOSPEL.</b>
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>747 BROAD ST</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>ORLANDO IRIZARRY</b>		Vice-President Name		
Street Address <b>32 FISK ST</b>		Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State
Secretary Name <b>TOMASITA E. RIVERA</b>		Treasurer Name <b>NARDA VILLALONA</b>		
Street Address <b>267 INDIANA AVE</b>		Street Address <b>118 MERINO ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>

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 <b>SANDRA IRIZARRY</b>		Director Name <b>DISMERY REYES</b>		
Street Address <b>32 FISK ST</b>		Street Address <b>276 PRAIRIE AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Director Name <b>JAYRON GARCIA</b>		Director Name		
Street Address <b>35 LINWOOD AVE</b>		Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State

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 <b>ORLANDO IRIZARRY</b>	Date <b>4/17/2024</b>
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Signature of Officer/Authorized Representative 	<b>FILED</b>
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 17 2024  
BY QXTRG  
FORM 631- Revised: 12/2023