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**State of Rhode Island  
Department of State - Business Services Division**

**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>1758561</u>	2. Exact name of the Corporation <u>Iglesia de Dios Pentecostes Humillados pues bajo la poderos</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Church</u>
4. NAICS Code <u>813110</u>	

6. Principal Office Address <u>841 Potters Ave Providence RI 02907</u>	City <u>Providence</u>	State <u>RI</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>Sinforoso Chack Ramos</u>	Vice-President Name <u>Ana Lxcuna</u>
Street Address <u>110 Union Ave</u>	Street Address <u>110 Union Ave</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>Rosa Castro Sam</u>	Treasurer Name <u>Felipa de Leon</u>
Street Address <u>110 Union Ave</u>	Street Address <u>120 Hudson St</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</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>Porfirio Ordoñez Lopez</u>	Director Name <u>Juan Ramos</u>
Street Address <u>46 Union Ave</u>	Street Address <u>110 Union Ave</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Director Name <u>Santos Sam</u>	Director Name <u>Soila Chack</u>
Street Address <u>143 Wendell St</u>	Street Address <u>143 Wendell St</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</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>+Sinforoso Chack Ramos</u>	Date <u>4/23/2024</u>
Signature of Officer/Authorized Representative <u>+Sinforoso Chack Ramos</u>	MB FILED APR 23 2024 1228 BY <u>OTR54</u>

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