



State of Rhode Island  
Department of State - Business Services Division

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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>000096920</u>	2. Exact name of the Corporation <u>Smith St Church of God of Prophecy</u>		
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>A Church and Religious order</u>		
4. NAICS Code <u>813110</u>			

6. Principal Office Address <u>530 Smith St</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
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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 <u>Ruben D. Baez</u>		Vice-President Name <u>Martin D'Castro</u>	
Street Address <u>162 Petheys Ave 2nd Fl</u>		Street Address <u>6 Howard St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Blackstone</u>	State <u>MA</u>
Zip <u>02909</u>		Zip <u>01504</u>	
Secretary Name <u>Ana Baez</u>		Treasurer Name <u>Luz Reyes</u>	
Street Address <u>141 Dover St</u>		Street Address <u>185 Vine St Apt 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02861</u>	

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Ruben Baez</u>		Director Name <u>Ana Baez</u>	
Street Address <u>162 Petheys Ave 2Fl</u>		Street Address <u>141 Dover St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02908</u>	
Director Name <u>Luz Reyes</u>		Director Name	
Street Address <u>185 Vine St 1Fl</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02861</u>		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>Luz Reyes</u>	Date <u>4/23/2024</u>
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Signature of Officer/Authorized Representative  
Luz Reyes