



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.

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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>
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> Zip <u>02909</u>	City <u>Blackstone</u>	State <u>MA</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> Zip <u>02908</u>	City <u>Pawtucket</u>	State <u>RI</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> Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</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> Zip <u>02861</u>	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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>
Signature of Officer/Authorized Representative <u>Luz Reyes</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

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BY ML A99KG

FORM 631- Revised: 12/2023