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FILED

State of Rhode Island

Department of State - Business Services Division

MAY 02 2024

BY

Annual Report for the year:
Non-Profit Corporation

2024

8919
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- 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 0089100		2. Exact name of the Corporation Movimiento Pentecostal Monte Sinai Pentecostal Movement			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church monte Sinai			
4. NAICS Code 813110					
6. Principal Office Address 155 Power Rd.		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Samuel Francisco			Vice-President Name Rev. Isabel Francisco		
Street Address 202 Smithfield Ave.			Street Address 202 Smithfield Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Flor Delaroca			Treasurer Name Anthony Francisco		
Street Address 11 Bennington Rd.			Street Address 59 Elmwood Ave. 1st. floor		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Erick Bolaños			Director Name Miguel Veloz		
Street Address 98 Chestnut Hill Ave.			Street Address 106 Forest Ave		
City Cranston	State RI	Zip 02904	City Cranston	State RI	Zip 02920
Director Name Argentina Lara			Director Name Marcotulio Santos		
Street Address 97 Hillary St.			Street Address 121 Laban St.		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Flor Delaroca				Date 04/29/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3340
Website: www.sos.ri.gov