



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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24 MAY 7 AM 11:22:49

1. Entity ID Number <b>000539469</b>		2. Exact name of the Corporation <b>Cristo es el Camino Iglesia Pentecostal</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>584 North main st</b>		City <b>Woonsocket</b>	State <b>RI</b>
		Zip <b>02895</b>	
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>Xiomari Lopez</b>		Vice-President Name	
Street Address <b>Diamond Hill</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	City	State
Zip <b>02895</b>		Zip	
Secretary Name		Treasurer Name <b>Yadira Varquez</b>	
Street Address		Street Address <b>Morin Heights</b>	
City	State	City <b>Woonsocket</b>	State <b>RI</b>
Zip		Zip <b>02895</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 Ocasio</b>		Director Name <b>Maria Lopez</b>	
Street Address <b>Diamond Hill</b>		Street Address <b>Morin Heights</b>	
City <b>WOONS.</b>	State <b>RI</b>	City <b>WOONS.</b>	State <b>RI</b>
Zip <b>02895</b>		Zip	
Director Name <b>Judith Ocasio</b>		Director Name	
Street Address <b>Diamond Hill</b>		Street Address	
City <b>WOONS.</b>	State <b>RI</b>	City	State
Zip <b>02895</b>		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 <b>Sandra Ocasio</b>			Date <b>5/7/24</b>
Signature of Officer/Authorized Representative <b>Sandra Ocasio</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2616  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED  
MAY -7 2024  
BY **H9 769**

FORM 631- Revised: 04/2023