



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Non-Profit Corporation

STAMP
 MAY 09 2024
 9034

- 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 140431		2. Exact name of the Corporation TEMPLO BIBLICO PROVIDENCE, INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PREACH THE WORD OF GOD			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 7 LEGION WAY		City CRANSTON	State RI	Zip 02910	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name ELVIS M. SENA		Vice-President Name MANUEL ZABALA			
Street Address 861 RESERVOIR AVENUE		Street Address 40 KINFIELD STREET			
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909
Secretary Name ROSSY CABRERA		Treasurer Name ANGEL VALLECILLO			
Street Address 99 AMERICA STREET		Street Address 9 ROSEWOOD STREET			
City PROVIDENCE	State RI	Zip 02903	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name ELVIS M. SENA		Director Name MANUEL ZABALA			
Street Address 861 RESERVOIR AVENUE		Street Address 40 KINFIELD STREET			
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909
Director Name ROSSY CABRERA		Director Name ANGLEL VALLECILLO			
Street Address 99 AMERICA STREET		Street Address 9 ROSEWOOD STREET			
City PROVIDENCE	State RI	Zip 02903	City PAWTUCKET	State RI	Zip 02860
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ELVIS M. SENA				Date 12/08/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov