



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.

REC'D RIDOS BSD
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1. Entity ID Number <u>000788377</u>		2. Exact name of the Corporation <u>19151A de Jesus el Gimino</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
4. NAICS Code <u>831110</u>			
6. Principal Office Address <u>1 Benedict St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Rafael Salvador Villalona</u>		Vice-President Name <u>Graciela Villalona</u>	
Street Address <u>274 Walnut St</u>		Street Address <u>274 Walnut St</u>	
City <u>Fall River</u>	State <u>MA</u> Zip <u>02720</u>	City <u>Fall River</u>	State <u>MA</u> Zip <u>02720</u>
Secretary Name <u>Graciela Villalona</u>		Treasurer Name <u>Pablo Gonzales</u>	
Street Address <u>274 Walnut St</u>		Street Address <u>715 Cumberland Hill Rd</u>	
City <u>Fall River</u>	State <u>MA</u> Zip <u>02720</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Emmanuel Lizarzo</u>		Director Name <u>Leidy Alcantara</u>	
Street Address <u>89 Washington Ave</u>		Street Address <u>715 Cumberland Hill Rd</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
Director Name <u>Xiomara Cruz</u>		Director Name	
Street Address <u>89 Washington Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>	City	State 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>Emmanuel Lizarzo</u>			Date <u>05-23-2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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 23 2024
BY FLXZY
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FORM 631 - Revised: 04/2023