

REC'D RIDOS BSD
24 MAY 30 PM 12:33:30State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number <u>107419</u>		2. Exact name of the Corporation <u>The Church of God Pentecostal/Starbuck John</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>48 Prescott St</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Agustina Marciano</u>		Vice-President Name <u>Basilio Marciano</u>	
Street Address <u>42 Edgmore Avenue</u>		Street Address <u>42 Edgmore Avenue</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
Secretary Name <u>Maria Feliciano</u>		Treasurer Name <u>Jessica Lopez</u>	
Street Address <u>40 Lender St Apt 314</u>		Street Address <u>191 Cranston St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
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 <u>Agustina Marciano</u>		Director Name <u>Basilio Marciano</u>	
Street Address <u>42 Edgmore Avenue</u>		Street Address <u>42 Edgmore Avenue</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
Director Name <u>Agustina Marciano</u>		Director Name <u>/</u>	
Street Address <u>42 Edgmore Avenue</u>		Street Address <u>/</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>/</u>	State <u>/</u> Zip <u>/</u>
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>Agustina Marciano</u>			Date <u>5/30/24</u>
Signature of Officer/Authorized Representative <u>Agustina Marciano</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

FILED 1233
 MAY 30 2024
 BY 5413k4