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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.

1. Entity ID Number: 000036369	2. Exact name of the Corporation: Iglesia Pentecostal Rosa de Saron
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: 813110	

6. Principal Office Address: 730 Potters Ave	City: Providence	State: RI	Zip: 02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Rev. Rafael Galarza				Vice-President Name: Maria Morales			
Street Address: 91 Friendly Rd.				Street Address: 1160 Plainfield Pk 2nd Fl			
City: Cranston	State: RI	Zip: 02910		City: North Providence	State: RI	Zip: 02911	
Secretary Name: Vanessa Galarza				Treasurer Name: Valmarie Galarza			
Street Address: 91 Friendly Rd.				Street Address: 91 Friendly Rd.			
City: Cranston	State: RI	Zip: 02910		City: Cranston	State: RI	Zip: 02910	

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Jesus Acosta				Director Name: Natanael Labron			
Street Address: 555 Veazie Apt. 107				Street Address: 67 Phenix Ave.			
City: Providence	State: RI	Zip: 02904		City: Warwick	State: RI	Zip: 02889	
Director Name: Esther Galarza				Director Name:			
Street Address: 91 Friendly Rd.				Street Address:			
City: Cranston	State: RI	Zip: 02910		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: Rafael Galarza	Date: 6/25/24
Signature of Officer/Authorized Representative: Rafael Galarza	FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631- Revised: 04/2023