



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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1. Entity ID Number <u>000036369</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Rosa de Saron</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>730 Potters Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rev. RAFAEL GALARZA</u>		Vice-President Name <u>MARIA MORALES</u>	
Street Address <u>91 Friendly Rd.</u>		Street Address <u>1160 Plainfield Pk 2nd fl</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>North Providence</u>
			State <u>RI</u>
			Zip <u>02908</u>
			Zip <u>02909</u>
Secretary Name <u>VANESSA GALARZA</u>		Treasurer Name <u>Valmado GALARZA</u>	
Street Address <u>91 Friendly Rd.</u>		Street Address <u>91 Friendly Rd.</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Cranston</u>
			State <u>RI</u>
			Zip <u>02910</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>JESUS ACOSTA</u>		Director Name <u>NATAHAEL LABUCH</u>	
Street Address <u>555 Vanzie Apt. 107</u>		Street Address <u>67 Phenny Ave.</u>	
City <u>Providence,</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02901</u>
Director Name <u>Esther GALARZA</u>		Director Name	
Street Address <u>91 Friendly Rd.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02916</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.			
<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 <u>Rafael Galarza</u>			Date <u>6/25/24</u>
Signature of Officer/Authorized Representative <u>Rafael Galarza</u>			

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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