

REC'D RIDOS BSD
24 JUL 1 PM 3:45:15State 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>001741379</u>		2. Exact name of the Corporation <u>Iglesia Casa del Alfareto</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church (small group)</u>	
4. NAICS Code <u>113100</u>			
6. Principal Office Address <u>144 Elmdale Ave</u>		City <u>Providence</u>	State <u>RI</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>Cesar M Mateo</u>		Vice-President Name <u>Ingrid Duran</u>	
Street Address <u>144 Elmdale Ave</u>		Street Address <u>144 Elmdale Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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>Rafael Duran</u>		Director Name <u>Cesar M Mateo</u>	
Street Address <u>144 Elmdale Ave</u>		Street Address <u>144 Elmdale Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Director Name <u>Ingrid Duran</u>		Director Name	
Street Address <u>144 Elmdale Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
	Zip <u>02909</u>		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>Cesar M Mateo</u>		FILED	Date <u>07-01-24</u>
Signature of Officer/Authorized Representative <u>Cesar M Mateo</u>		JUL 01 2024 BY <u>4109</u>	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov