



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  
24 JUL 2 PM 12:52:34

1. Entity ID Number 000876761		2. Exact name of the Corporation Tabernaculo de Reunion Inc. Iglesia La Senda Antigua			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Pentecostal Church that predicts Gods word and helps those in need.			
4. NAICS Code 813110					
6. Principal Office Address 445 Broad st			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Mariano Valentin			Vice-President Name Jonathan Valentin		
Street Address 180 Rand st			Street Address 180 Rand st		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Elizabeth Oquendo			Treasurer Name Evelyn W. Arias Joubert		
Street Address 180 Rand st			Street Address 180 Rand st		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mariano Valentin			Director Name Jonathan Valentin		
Street Address 180 Rand st			Street Address 180 Rand st		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Elizabeth Oquendo			Director Name Evelyn W. Arias Joubert		
Street Address 180 Rand st			Street Address 180 Rand st		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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 Mariano Valentin					Date 7/2/24
Signature of Officer/Authorized Representative Mariano Valentin					

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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BY T94K3

FORM 631- Revised 04/2023