State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REC'D RIDOS BSD
'24 JG 6 P1:52:27

Annual Report for the year: '2024
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

RIDOS MADE EDITS PER FILER

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1. Entity ID Number	2. Exact name of the Corporation
000794657	Iglesia DE Dios Pentecostes unidos Por el Espiritu santo
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: to penetrate the heart of local Community with the gospel
4. NAICS Code: 831110	

6. Principal Office Address	City	State	Zip
19 FIFTH ST	Cranston	RI	02905

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

President Name	Vice-President Name
Cayetano chach Ramos	Sebastian Nix
Street Address: 117 Alverson Avenue	Street Address: 158 whitmarsh ST
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02907
Secretary Name	**Treasurer Name**
Ana Julia Nix	Ramiro Alonzo
Street Address: 158 whitmarsh ST	Street Address: 206 Hanover ST
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02909

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

Director Name	Director Name
Roberto Pol Ajanel	miguel Nix
Street Address: 206 Hanover	Street Address: 70 Julian ST
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Director Name	**Director Name**
Juana Castro	Mateo Gomez
Street Address: 206 Hanover ST	Street Address: 117 Alverson Avenue
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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	Date
Cayetano Chach	8/6/24

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
AUG 06 2024
BY

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

FORM 631 - Revised: 06/2017