



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

- 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 SEP 16 PM 12:03

1. Entity ID Number 001766969		2. Exact name of the Corporation Iglesia De Dios Pentecostal Santos Para El Campo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Pentecostal Church	
4. NAICS Code 813110			
6. Principal Office Address 95 Hathaway St.		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carmen Rosario		Vice-President Name	
Street Address 67 Bingley Terr		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Secretary Name Koralys Torres		Treasurer Name Jean P Soto	
Street Address 67 Bingley Terr		Street Address 67 Bingley Terr	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 Carmen Rosario		Director Name	
Street Address 67 Bingley Terr		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Director Name Koralys Torres		Director Name Jean P Soto	
Street Address 67 Bingley Terr		Street Address 67 Bingley Terr	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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 Carmen Rosario			Date 9/16/24
Signature of Officer/Authorized Representative Carmen Rosario			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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BY WTR/BT
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FORM 631- Revised: 01/2023