



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

2024 SEP 23 AM 9:04:00

- 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 0056554		2. Exact name of the Corporation Iglesia de Dios Pentecostal Aposento Alto			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Organization Worship Center - Congregation			
4. NAICS Code 813990					
6. Principal Office Address 628 Public St		City PROV.	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cesar Mercado		Vice-President Name			
Street Address 22 Philmont Ave		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Michelle Sanchez		Treasurer Name Leonor Quinones			
Street Address 90 James St		Street Address 11 Kline St			
City E. Prov.	State RI	Zip 02914	City W. Warwick	State RI	Zip 02898
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 Jesenia Santana		Director Name Miriam Gonzalez			
Street Address 30 Seabury St		Street Address 1414 Broad St			
City PROV.	State RI	Zip 02907	City PROV.	State RI	Zip 02905
Director Name Joaquin Albuqueque		Director Name Glora Munoz			
Street Address 140 Dora St		Street Address 17 Salisbury St			
City PROV.	State RI	Zip 02909	City PROV.	State RI	Zip 02905
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Cesar Mercado					Date 9-22-24
Signature of Officer/Authorized Representative <i>Cesar Mercado</i>					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

SEP 23 2024
BY *[Signature]*
FORM 631 - Revised 12/2023