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**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.

1. Entity ID Number 85636		2. Exact name of the Corporation Iglesia de Dios Pentecostal MI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813100		To preach the Gospel of Jesus christ	
6. Principal Office Address 585 maint Street		City Pawtucket	State RI
			Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Juan Gandulla		Vice-President Name Maria Gandulla	
Street Address 193 Central Ave APT 2		Street Address 193 Central Ave APT 2	
City Pawtucket	State RI	City Pawtucket	State RI
	Zip 02860		Zip 02860
Secretary Name Candida Medina		Treasurer Name Candida Medina	
Street Address 453 Lonsdale Ave APT B 203		Street Address 453 Lonsdale Ave APT B 203	
City Pawtucket	State RI	City Pawtucket	State RI
	Zip 02860		Zip 02860
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 Maria Gandulla		Director Name Juan Gandulla	
Street Address 193 Central Ave APT 2		Street Address 193 Central Ave APT 2	
City Pawtucket	State RI	City Pawtucket	State RI
	Zip 02860		Zip 02860
Director Name Juan Gandulla		Director Name Candida Medina	
Street Address 193 Central Ave APT 2		Street Address 453 Lonsdale Ave	
City Pawtucket	State RI	City Pawtucket	State RI
	Zip 02860		Zip 02860
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Duty Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Juan Gandulla			Date 10/30/24
Signature of Officer/Authorized Representative <i>Juan Gandulla</i>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY LOFHJL
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FORM 631- Revised: 04/2023