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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 AMENDED
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.

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1. Entity ID Number 568742		2. Exact name of the Corporation Iglesia de Cristo Casa de Jubilo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To teach and preach the Gospel of Jesus Christ and to worship God and Spirit and truth.	
4. NAICS Code 813110 Religious Organ			
6. Principal Office Address 1470 Main St.		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Erwin Galindo		Vice-President Name Veronica Galindo	
Street Address 19 Anglico St		Street Address 19 Anglico St.	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Diana E. Gomez		Treasurer Name Sandra Gomez	
Street Address 125 Providence St. N406		Street Address 391 Jastran St. apt #1	
City West Warwick	State RI	City Providence	State RI
Zip 02893		Zip 02908	
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 Erwin Galindo		Director Name Sandra Gomez	
Street Address 19 Anglico St		Street Address 391 Jastran St. # 1	
City Johnston	State RI	City Providence	State RI
Zip 02919		Zip 02908	
Director Name Veronica Galindo		Director Name Phubark A. Gwantes	
Street Address 19 Anglico St.		Street Address 70 Pinecrest Drive	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02861	
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, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Veronica Galindo			Date 12/23/24
Signature of Officer/Authorized Representative 			

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

FILED

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FORM 631- Revised: 04/2023

ANNUAL REPORT FOR THE YEAR 2024
None-Profit Corporation

DIRECTORS:

- Julio Rafael Ochoa - 223 Laban St. Providence, RI 02909.
- Gerson Ochoa – 125 Providence St. N406, West Warwick.RI 02893.
- Maria Alejandra Cervantes – 70 Pinecrest Drive, Pawtucket,RI 02861



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 23, 2024 12:46 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

