



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

REC'D RIDOS BSD
25 JAN 13 AM 8:42:28

1. Entity ID Number <u>968504</u>		2. Exact name of the Corporation <u>Consilio de Iglesia Jesus Cristo Union y Pden.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church working for the community</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>101 Higginson Av. Suite 105</u>		City <u>Lincoln</u>	State <u>RI</u> Zip <u>02865</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Matra Betes</u>		Vice-President Name	
Street Address <u>8870 Sector Fito Valle</u>		Street Address	
City <u>Quebradilla</u>	State <u>PR</u>	Zip <u>00678</u>	
Secretary Name <u>ANA V. Garcia</u>		Treasurer Name	
Street Address <u>8 Ward Av.</u>		Street Address	
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Aida Garcia</u>		Director Name <u>Betty Betes</u>	
Street Address <u>49 Utton St</u>		Street Address <u>49 Utton St</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
Director Name <u>Rodrigo Peitoto</u>		Director Name	
Street Address <u>52 Myrtle St</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
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 <u>ANA V. Garcia</u>		FILED	Date <u>1-13-25</u>
Signature of Officer/Authorized Representative <u>Ana V. Garcia</u>		JAN 13 2025 BY <u>APG</u>	

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: 01/2023