



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 PM 11:18:03

1. Entity ID Number <u>001766969</u>		2. Exact name of the Corporation <u>Iglesia De Dios Sanos Para El Campo</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Pentecostal Church</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>95 Hathaway St.</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Carmen Rosario</u>			Vice-President Name <u>/</u>		
Street Address <u>67 Bingley Terr</u>			Street Address <u>/</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Secretary Name <u>Koralys Torres</u>			Treasurer Name <u>Jean Soto</u>		
Street Address <u>67 Bingley Terr</u>			Street Address <u>67 Bingley Terr</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</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>Carmen Rosario</u>			Director Name <u>/</u>		
Street Address <u>67 Bingley Terr</u>			Street Address <u>/</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Director Name <u>Koralys Torres</u>			Director Name <u>Jean Soto</u>		
Street Address <u>67 Bingley Terr</u>			Street Address <u>67 Bingley Terr</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</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>Carmen Rosario</u>			FILED		Date <u>13/01/2025</u>
Signature of Officer/Authorized Representative <u>Carmen Rosario</u>			JAN 13 2025 BY <u>3um51</u>		

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023