



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2025

→ 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 14 PM 3:14:13

1. Entity ID Number 794657		2. Exact name of the Corporation Iglesia DE DIOS pentecostes unidos por el espiritu santo	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To penetrate the heart of the local community with the Gospel	
4. NAICS Code 831110			
6. Principal Office Address 19 Fifth Avenue Apt 2		City Ganston	State RI
		Zip 02905	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Cayetano chach		Vice-President Name Sebastian Nix	
Street Address 117 Alverson Avenue		Street Address 158 Whitmarsh ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
Secretary Name Ana Julia Nix		Treasurer Name Ramiro alonzo	
Street Address 158 whitmarsh ST		Street Address 206 Hanover ST	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Roberto Pol Ajanel		Director Name Miguel Nix	
Street Address 206 Hanover ST		Street Address 70 Julian ST	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Juana Castro		Director Name Matteo Gomez	
Street Address 206 Hanover ST		Street Address 117 Alverson Avenue	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Cayetano chach		Date 1/14/2025	
Signature of Officer/Authorized Representative			

JAN 14 2025

BY DEX2K