



State of Rhode Island
Department of State - Business Services Division

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25 JAN 28 PM 11:38:55

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.

1. Entity ID Number <u>655 314</u>		2. Exact name of the Corporation <u>Iglesia Mision Evangelica</u> <u>Principe de PAZ Pentecoste</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH MEETING</u>	
4. NAICS Code <u>813 110</u>		Head Off The Mission's	
6. Principal Office Address <u>95 HATAWAY Center</u>		City <u>Providence</u>	State <u>R.I</u> Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ERVIN O. FAJARDO</u>		Vice-President Name <u>BETZAIDA FAJARDO</u>	
Street Address <u>16 Commodore St 1 Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</u>
Secretary Name <u>JUANITA CALVO</u>		Treasurer Name <u>BETZAIDA FAJARDO</u>	
Street Address <u>27 Benedict St</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</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 <input type="checkbox"/>			
Director Name <u>ERVIN O. FAJARDO</u>		Director Name <u>BETZAIDA FAJARDO</u>	
Street Address <u>16 Commodore St 1 Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</u>
Director Name <u>CARMEN D. LAURADOR</u>		Director Name <u>Eli A. CRUZ</u>	
Street Address <u>131 CHAPIN AVE. 3rd Floor</u>		Street Address <u>16 Commodore St 1 Floor</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>R.I</u> Zip <u>02904</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>BETZAIDA FAJARDO</u>			Date <u>1-28-2025</u>
Signature of Officer/Authorized Representative <u>Betzaida Fajardo</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

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JAN 28 2025

FORM 631- Revised 12/2023



BY TG25J