



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 RHODES BSO
25 JAN 30 PM 4:23:28

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001733490		2. Exact name of the Corporation IGLESIA AGUAS DE LA FUENTES DE LA SALVACION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community prayers, study, servicing community.			
4. NAICS Code 831110					
6. Principal Office Address 80 HIGGINSON AVE B			City LINCOLN	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE M. VELEZ			Vice-President Name MARTHA CORCHADO		
Street Address 80 HIGGINSON AVE B			Street Address 80 HIGGINSON AVE B		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MARTHA CORCHADO			Treasurer Name JACQUELINE TOLIVER		
Street Address 80 HIGGINSON AVE B			Street Address 4 BARRY DR #2		
City LINCOLN	State RI	Zip 02865	City PROVIDENCE	State RI	Zip 02909
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 JACQUELINE TOLIVER			Director Name MARTHA CORCHADO		
Street Address 4 BARRY DR #2			Street Address 80 HIGGINSON AVE B		
City PROVIDENCE	State RI	Zip 02909	City LINCOLN	State RI	Zip 02865
Director Name JOSE R. MORALES			Director Name		
Street Address 80 HIGGINSON AVE B			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
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 Jose M. Velez					Date 1/30/25
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED 4:23

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

JAN 30 2025



BY EY4K2

FORM 631- Revised 12/2023