



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

→ 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 BSD
25 FEB 2 PM 2:24:24

1. Entity ID Number 600504997		2. Exact name of the Corporation Iglesia Pentecostal Mi Redentor Vire	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A christian church for congregation worship.	
4. NAICS Code 813110			
6. Principal Office Address 198 Arnold St.		City Woonsocket	State R.I.
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Rex Cynthia Fernandez		Vice-President Name Rody A. Fernandez	
Street Address 292 Ninth Ave		Street Address 292 Ninth Ave	
City Woonsocket	State R.I.	City Woonsocket	State R.I.
Zip 02895		Zip 02895	
Secretary Name		Treasurer Name Jessica Rodriguez	
Street Address		Street Address 186 Veazie St.	
City	State	City Providence	State R.I.
Zip		Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Cynthia Fernandez		Director Name Rody A. Fernandez	
Street Address 292 Ninth Ave		Street Address 292 Ninth Ave	
City Woonsocket	State R.I.	City Woonsocket	State R.I.
Zip 02895		Zip 02895	
Director Name Raquel Vasquez		Director Name Jessica Rodriguez	
Street Address 675 Elmwood Ave		Street Address 186 Veazie St.	
City Providence	State R.I.	City Providence	State R.I.
Zip 02905		Zip 02908	
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 Cynthia L. Fernandez			Date 2-3-25
Signature of Officer/Authorized Representative <i>Cynthia L. Fernandez</i>			

MAIL TO:

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

FILED

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BY

JVMOS

FORM 631- Revised: 04/2023