



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

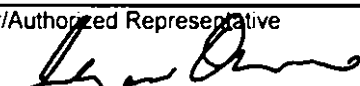
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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STATE

1. Entity ID Number <b>000107945</b>		2. Exact name of the Corporation <b>Church of God Peniel</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To Preach The Gospel of Jesus Christ Through All Means Possible</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>91 Montgomery Street</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maria Isabel Calzada</b>			Vice-President Name <b>Martha Calzada</b>		
Street Address <b>25 Brown Street</b>			Street Address <b>1210 High Street</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>Jeanny Calzada</b>			Treasurer Name <b>Julie-Isabel Calzada</b>		
Street Address <b>1210 High Street</b>			Street Address <b>55 Candace Street</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Daem Ruben Cardona</b>			Director Name <b>Israel Lara</b>		
Street Address <b>125 Norton Avenue</b>			Street Address <b>1210 High Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>Jesus Ocasio</b>			Director Name		
Street Address <b>55 Candace Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Jesus Ocasio</b>				Date <b>02/03/2025</b>	
Signature of Officer/Authorized Representative 					

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

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BY CIM/J  
KS

FORM 631- Revised 12/2023