

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022 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.				112	
1. Entity ID Number 000107945	2. Exact name of the Corporation Church of God Peniel				
State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To Preach The Gospel of Jesus Christ Through All Means Possible				;
4. NAICS Code 813990					
6. Principal Office Address 91 Montgomery Street			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Maria Isabel Calzada			Vice-President Name Martha Calzada		
Street Address 25 Brown Street			Street Address 1210 High Street		
City North Providence	State RI	^{Zip} 02904	City Central Falls	State RI	^{Zip} 02863
Secretary Name Jeanny Calzada			Treasurer Name Julie-Isabel Calzada		
Street Address 1210 High Street			Street Address 55 Candace Street		
City Central Falls	State RI	^{Zip} 02863	City Providence	State RI	Zip 02908
8. List ALL directors (names and ad	ldresses). RI Corp	orations MUST li		e box to indicate an a	ittachment
Director Name Daem Ruben Cardona			Director Name Israel Lara		
Street Address 125 Norton Avenue			Street Address 1210 High Street		
City Cranston	State RI	^{Zip} 02920	City Central Falls	State RI	Zip UZOUS
Director Name Jesus Ocasio			Director Name		
Street Address 55 Candace Street			Street Address		
^{City} Providence	State RI	^{Zip} 02908	City	State	Zip
9. The Registered Agent information	n of record with the	e RI Department	of State is accurate. Changes require	filing Form 641.	
Under penalty of perjury, I declar statements, and that all statements			this report, including any accomp	panying schedule:	s and
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				Date	
Jesus Ocasio				02/03/2025	
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

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FORM 631- Revised 12/2023