

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2021

**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.					51:
1. Entity ID Number	2. Exact name of the Corporation				
000107945	Church of God Peniel				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To Preach The Gospel of Jesus Christ Through All Means Possible				
4. NAICS Code	1	·	•		
813990					
6. Principal Office Address			City	State	Zip
91 Montgomery Street			Pawtucket	RI	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	<sup>Zip</sup> 02904	City Central Falls	State RI	<sup>Zip</sup> 02863
Secretary Name Jeanny Calzada			Treasurer Name Julie-Isabel Calzada		
Street Address 1210 High Street			Street Address 55 Candace Street		
<sup>City</sup> Central Falls	State RI	<sup>Zip</sup> 02863	City Providence	State RI	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 Daem Ruben Cardona			Director Name Israel Lara		
Street Address 125 Norton Avenue			Street Address 1210 High Street		
City Cranston	State RI	<sup>Zip</sup> 02920	City Central Falls	State RI	Z <sub>P</sub> OUS
Director Name Jesus Ocasio			Director Name		
Street Address 55 Candace Street			Street Address		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	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				Date	
Jesus Ocasio				02/03/202	:5
Signature of Officer/Authorized Representative  FILED					

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