



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2020**

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.

RECD
28 FEB 2025 11:49:29
AMP
FOR
CLERK OF STATE
ONLY

1. Entity ID Number 000107945		2. Exact name of the Corporation Church of God Peniel			
3. 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 <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 02863
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 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 Jesus Ocasio				Date 02/03/2025	
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

FEB 04 2025 11:50

BY CLM/J
ICS

FORM 631- Revised 12/2023