RI SOS Filing Number: 202566058000 Date: 3/3/2025 1:58:00 PM

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.

1. Entity ID Number: 163370	2. Exact name of the Corporation: Iglesia Evangelica Primitiva
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Preach the gospel OF JESUS christ
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
921 Main st	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Leonel Preche		Vice-President Name: Aredy Rosario	
Street Address: 617 Pine st		Street Address: 617 Pine st	
City: Central Falls	State: RI Zip: 02863	City: Central Falls	State: RI Zip: 02863
Secretary Name: Joudeline Alce		Treasurer Name: Olga Trinidad	
Street Address: 48 Reuven		Street Address: 236 Cowden st	
City: Fall River	State: MA Zip:	City: Central Falls	State: RI Zip: 02863

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Romano Benjamin		Director Name: Vinson Salomon	
Street Address: 48 Reuven Apt 4		Street Address: 48 Reuven Hy 10	
City: Fall River	State: MA Zip: 02723	City: Falls River	State: MA Zip: 02725
Director Name: Michena Salomon		Director Name: Leo-Neklie Joseph	
Street Address: 48 Reuben st 10		Street Address: 44 Harrison St	
City: C Falls	State: 02723 Zip: MA	City: Fall River	State: M Zip: 02723

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
Leonel Preche	3/3/25

Signature of Officer/Authorized Representative:

FILED
MAR 03 2025
BY KL XØB8X
1:58

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

FORM 631- Revised 12/2023