State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED
2025 MAR 3 P1:55:45
SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation
163370	Iglesia Evangelica Primitiva
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	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 Areche	Vice-President Name	Aredy Rosario
Street Address	617 Pine st	Street Address	617 Pine st
City / State / Zip	Central Falls / RI / 02863	City / State / Zip	Central Falls / RI / 02863
Secretary Name	Joudeline Alce	Treasurer Name	Olga Trindade
Street Address	48 Reuven	Street Address	236 Cowden st
City / State / Zip	Fall River / MA /	City / State / Zip	Central Falls / RI / 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	Romino Benjamin	Director Name	Vinson Salomon
Street Address	48 Reuven Apt 4	Street Address	48 Reuven Apt 10
City / State / Zip	Fall River / MA / 02723	City / State / Zip	Falls River / MA / 02725
Director Name	Merlene Salomon	Director Name	Leo-Neklie Joseph
Street Address	48 Reuben st 10	Street Address	74 Harrison St
City / State / Zip	C Falls / 02723 / MA	City / State / Zip	Fall River / M / 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 Areche	3/3/25

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

MAR 03 2025
BY KL XQB8X
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FORM 631- Revised 12/2023