RI SOS Filing Number: 202566659900 Date: 3/5/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual	Report for the year:	
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2025

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Non-Profit Corporation				j-4 ()	กั		
Filing period February 1 - May 1				Ö	3		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if:	form is not filed by	May 31.		ع ي	į		
1. Entity ID Number	•	f the Corporation					
568742	Islesia.	de Ciel	to Casa de Juli	rilo			
State of Incorporation	•		r of business conducted in Rhode Isla				
RI			preach the Gespel				
4. NAICS Code	and to	worship	God in Espirit	and the	th.		
313110 Religial Organ		<u>, , , , , , , , , , , , , , , , , , , </u>	, 				
6. Principal Office Address	1		City	State	Zip		
1470 Main S-	 		West Warwick	KI_	02893		
List ALL officers (names and add	lresses)		,	box to indicate an a	tachment		
President Name Erwin G	alindo		Vice-President Name Ve wwice	a Galin	Do		
Street Address 19 Ang			Street Address 19 Ange	lico St	L .		
city Lo luw tor	State RI	Zip 029/9	city Johnston	State RI	Zip V29A		
Secretary Name Diana E. Games			Treasurer Name Sand la Gamez				
Cheant Address	Dui duce	st - N406	Street Address 391 Jan	tran St. A	pt#1		
City West Warrisk	State RJ	893	CITY Promidura	State	208 حا ²		
8. List ALL directors (names and ad	ldresses). RI Corp	orations MUST lis		box to indicate an a	ittachment 🖳		
Director Name Fruin	alindo		Director Name Swd W	Sawez			
Street Address 19 Avr S	1.		Otrock Address	stran St.	ADI# 1		
city Jouluston	State RT	Zip 02919	cir Providence	State RI	ZIP 908		
Director Name //enomica	1 Gal	indo	Director Name) / / //	A. Grount	<u> </u>		
Street Address 19 Angu	lico ST	,		recoest D)n're		
city Johnson	State	Zip 02919	City Pawtucket	State RI	Z10 2861		
	n of record with the	e RI Department o	f State is accurate. Changes require	filing Form 641.	0 40		
			this report, including any accomp	_	s and		
statements, and that all statemen	nts contained her	ein are true and o	correct.				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Repres	entative		Date / 5 / 5	1025			
Signature of Officer/Authorized Rep	resentative,			0/0/0			
	willust	<u> </u>		FILED			
IAIL TO:	7						

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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BY Amunda (2 Evised: 12/2023)

ANNUAL REPORT FOR THE YEAR 2025 Non-Pofit Corporation.

Directors.

- Julio Refael Ochon - 223 Laben St. Providence. RIOSAGA.

- Gerson Ochoa-125 Providence St. N406. West Warnick, RI 02893.
- Maria Alijandra Cervantes 70 Pinocrest Drive Pawtucket, RJ 02861
 - Sindy Marisol Gomez 97 Cowden St.
 Control Falls, RI 02863