



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 10 2025

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.

CB

BY 50317838

1. Entity ID Number 000119131		2. Exact name of the Corporation Iglesia Pentecostal Roca Eterna			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To teach/proclaim the gospel of Jesus Christ.			
4. NAICS Code 813110-Religious					
6. Principal Office Address 400 Warwick, Ave Unit 12			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maria Alcantara			Vice-President Name Encarnacion Avila		
Street Address 59 Wilson Ave			Street Address 44 Laban St		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
Secretary Name Wanda Escobedo			Treasurer Name Maira Pena		
Street Address 208 Early St			Street Address 107 Pomona Ave		
City Providence	State RI	Zip 02907	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 Maria Alcantara			Director Name Encarnacion Avila		
Street Address 59 Wilson Ave			Street Address 44 Laban St		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
Director Name Maira Pena			Director Name		
Street Address 107 Pomona Ave			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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Wanda Escobedo					Date 3/6/2025
Signature of Officer/Authorized Representative 					

MAIL TO:
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