



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.

REC'D RPDOS 3SD
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1. Entity ID Number <u>1718584</u>		2. Exact name of the Corporation <u>Iglesia Pentecostal Misionera Pescadores De Humbro INC</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non Profit Religious organization</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>95 Hathaway St Suite 24</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Alberto Joubert Rodriguez</u>			Vice-President Name <u>Viola Joubert</u>		
Street Address <u>30 Washington St Apt 707</u>			Street Address <u>30 Washington St Apt 707</u>		
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
Secretary Name <u>Gianina Gonzalez</u>			Treasurer Name <u>Louis Raphael Lara Joubert</u>		
Street Address <u>Jardines De Monte Brisas 111 Calle 52</u>			Street Address <u>30 Washington St Apt 707</u>		
City <u>Fajardo</u>	State <u>PR</u>	Zip <u>00738</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
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 <u>Joseph Hatos</u>			Director Name <u>Minicam J Aponte Reyes</u>		
Street Address <u>219 Fifth Street #301</u>			Street Address <u>339 E Main St Apt 3E</u>		
City <u>Fall River</u>	State <u>MA</u>	Zip <u>02721</u>	City <u>Fall River</u>	State <u>MA</u>	Zip <u>02721</u>
Director Name <u>Josely N. Diaz Jimenez</u>			Director Name		
Street Address <u>77 Garfield Street</u>			Street Address		
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	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 <u>Alberto Joubert Rodriguez</u>					Date <u>03-14-2025</u>
Signature of Officer/Authorized Representative <u>Alberto Joubert Rodriguez</u>					

MAIL TO:
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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MAR 14 2025
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FORM 641- Revised 12/2023

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