



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2025

FILED

MAR 19 2025

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BY 1038

FOR SECRETARY OF STATE USE ONLY

- 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 1726066		2. Exact name of the Corporation CASADEL ALFARERO INT OF RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PREACH THE GOSPEL OF JESUS CHR TO EVERYONE	
4. NAICS Code E13116			
6. Principal Office Address 170 CANTON STREET		City PROVIDENCE	State RI Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name REV. EUGENIO BATZ		Vice-President Name HELEN J. MARTINEZ	
Street Address 29 RUTHERGLEN AVE		Street Address 29 RUTHERGLEN AVE.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02907
Secretary Name JOSE BATZ MARTINEZ		Treasurer Name JOSE F FELIX GRAMATO	
Street Address 29 RUTHERGLEN AVE.		Street Address 866 PARK AVE. APT 2	
City PROVIDENCE	State RI	City CRANSTON	State RI Zip 02910
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 LEANDRO H RAMIREZ		Director Name REV. EUGENIO BATZ	
Street Address 9 GLOBE STREET		Street Address 29 RUTHERGLEN AVE.	
City WARWICK	State RI	City PROVIDENCE	State RI Zip 02886
Director Name HELEN MARTINEZ		Director Name JOSE BATZ MARTINEZ	
Street Address 29 RUTHERGLEN AVE		Street Address 29 RUTHERGLEN AVE.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02907
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 Eugenio Batz			Date 03-03-2025
Signature of Officer/Authorized Representative 			