



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year
Non-Profit Corporation

2025

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

REC'D RIDOS
25 MAR 24 12:27 PM

1. Entry ID Number 001782914		2. Exact name of the Corporation iglesia evangelica pentecostes puerta de salvacion	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island iglesia / church	
4. NAICS Code 813990			
6. Principal Office Address 70 Laban St		City providence	State R.I.
		Zip 02909	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name carlos salas		Vice-President Name	
Street Address 70 laban st.		Street Address	
City providence	State R.I.	City	State
Zip 02909		Zip	
Secretary Name wendy Archila		Treasurer Name	
Street Address 70 laban st.		Street Address	
City providence	State R.I.	City	State
Zip 02909		Zip	
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 salvador morales		Director Name wendy Archila	
Street Address 177 wood st.		Street Address 70 laban st.	
City providence	State R.I.	City providence	State R.I.
Zip 02909		Zip 02909	
Director Name carlos salas		Director Name	
Street Address 70 laban st.		Street Address	
City providence	State R.I.	City	State
Zip 02909		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 carlos salas		Date 3/24/25	
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 24 2025

BY