



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 RIDOS BSD
MAR 31 11:15 AM

1. Entity ID Number <u>1668841</u>		2. Exact name of the Corporation <u>Jesus Viene</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>To spread the gospel of Jesus Christ</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>702-704 Broad St.</u>		City <u>Central Falls</u>	State <u>R.I.</u>
		Zip <u>02863</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jose Marmol</u>		Vice-President Name <u>ANA MARMOL</u>	
Street Address <u>48 cherry st #3</u>		Street Address <u>48 cherry st #3</u>	
City <u>Pawtucket</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>MARIA Hernandez</u>		Treasurer Name <u>Victor chavez</u>	
Street Address <u>201 Thunder av.</u>		Street Address <u>80 Curtis st.</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Prov.</u>	State <u>R.I.</u>
Zip <u>02905</u>		Zip <u>02909</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>Rita Rodriguez</u>		Director Name <u>Roguel de la Cruz</u>	
Street Address <u>117 MANTON av.</u>		Street Address <u>100 Hill st.</u>	
City <u>Pawtucket</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u>
Zip <u>02861</u>		Zip <u>02863</u>	
Director Name <u>gladis gutierrez</u>		Director Name <u>TATIANA MARMOL</u>	
Street Address <u>102 maine st.</u>		Street Address <u>48 cherry st #3</u>	
City <u>Wanick</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u>
Zip <u>02888</u>		Zip <u>02860</u>	
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>Jose MARMOL</u>			Date <u>3-31-25</u>
Signature of Officer/Authorized Representative <u>Jose Marmol</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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