



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
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1. Entity ID Number <u>44978</u>		2. Exact name of the Corporation <u>Pentecostal Church House of Prayer</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Preach the Gospel of Jesus Christ.</u>	
4. NAICS Code <u>813920</u>			
6. Principal Office Address <u>14 Chapel St.</u>		City <u>Central Falls, R.I.</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>Carmen M. Santiago</u>		Vice-President Name <u>Eusebio Santiago Jr.</u>	
Street Address <u>466 Hunt St. #712</u>		Street Address <u>75 Rand St #2</u>	
City <u>Central Falls</u>	State <u>R.I.</u>	City <u>Central Falls</u>	State <u>R.I.</u>
Zip <u>02863</u>		Zip <u>02863</u>	
Secretary Name <u>Samuel Santiago</u>		Treasurer Name <u>Maribel Santiago</u>	
Street Address <u>25 Westworth St. Unit 5</u>		Street Address <u>25 Westworth St. #Unit 5</u>	
City <u>North Prov.</u>	State <u>R.I.</u>	City <u>North Prov.</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</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>Jais Rodriguez</u>		Director Name <u>Eusebio Santiago Jr</u>	
Street Address <u>161 Moran Heights</u>		Street Address <u>75 Rand St. #2</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Central Falls</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02863</u>	
Director Name <u>Sixta Drenza</u>		Director Name	
Street Address <u>30 Washington Ave. #85</u>		Street Address	
City <u>Central Falls</u>	State <u>R.I.</u>	City	State
Zip <u>02863</u>		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>Carmen M. Santiago</u>			Date <u>4-15-2025</u>
Signature of Officer/Authorized Representative <u>Carmen M. Santiago</u>			

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

APR 15 2025
BY AWH/S
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FORM 631- Revised 12/2023