



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>1681595</u>		2. Exact name of the Corporation <u>Ebenezer Pentecostal Church</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813110</u>		<u>Religious</u>	
6. Principal Office Address <u>68 Althea st</u>		City <u>Providence</u>	State <u>R.I</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>Julio C. Lopez</u>		Vice-President Name <u>Agustin Urbina</u>	
Street Address <u>58 Waverly st.</u>		Street Address <u>92 Hendrick st</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I</u>
Zip <u>02907</u>		Zip <u>02908</u>	
Secretary Name <u>Marfa Pérez</u>		Treasurer Name <u>Juan Méndez</u>	
Street Address <u>56 Fletcher st</u>		Street Address <u>31 North Fairview st</u>	
City <u>Central Falls</u>	State <u>R.I.</u>	City <u>Johnston</u>	State <u>R.I</u>
Zip <u>02963</u>		Zip <u>02919</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>Julio C. Lopez</u>		Director Name <u>Juan Méndez</u>	
Street Address <u>58 Waverly st.</u>		Street Address <u>31 North Fairview st.</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Johnston</u>	State <u>R.I</u>
Zip <u>02907</u>		Zip <u>02909</u>	
Director Name <u>Agustin Urbina</u>		Director Name	
Street Address <u>92 Hendrick st.</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	City	State
Zip <u>02908</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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Julio C. Lopez</u>			Date <u>04/21/25</u>
Signature of Officer/Authorized Representative <u>Julia Lopez</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

FILED

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BY 3A97C

FORM 631- Revised: 12/2023