



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.

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1. Entity ID Number 000026882		2. Exact name of the Corporation Iglesia Pentecostal El Calvario, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Worship Service & Social Orientation			
4. NAICS Code 813110					
6. Principal Office Address 36 Chaffee Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Salvador Vargas			Vice-President Name Katie Arriaza		
Street Address 17 Malon Drive			Street Address 15 Lincoln Drive		
City Johnston	State RI	Zip	City Johnston	State RI	Zip 02919
Secretary Name 02919			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Carlos Vargas			Director Name Cristi Arriaza		
Street Address 17 Malon Drive			Street Address 64 Lisbon Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02908
Director Name Mary Ann Pascione			Director Name		
Street Address 12 Bryd Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Salvador Vargas				Date 4/24/25	
Signature of Officer/Authorized Representative <i>Salvador Vargas</i>				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

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FORM 631- Revised: 12/2023