



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
25 MAY 8 PM 3:59:29

1. Entity ID Number # 000085183		2. Exact name of the Corporation Pentecostal Church Jesuchrist Fountain of Life	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code # 813110		Church to Preach the Gospel of Jesuchrist	
6. Principal Office Address 1025 Plainfield Street		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Miguel A. Berroa		Vice-President Name Mr. Eddy Galiana Jr.	
Street Address 161 Trenton Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
Secretary Name Ms. Eva L. Gaiada		Treasurer Name Mr. Ramiro Yel	
Street Address 110 Grand View Ave.		Street Address 309 Weeden Street	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02860	
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 Ms. Jessica Granado		Director Name Mr. Jose M. Vasquez	
Street Address 123 Fountain Ave.		Street Address 110 Oxford Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Mr. Alex Veliz		Director Name Ms. Mary J. Baez	
Street Address 215 Berasset Ave.		Street Address 41 Crawford St., Apt. 1	
City Providence	State RI	City Cranston	State RI
Zip 02909		Zip 02910	
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 Rev. Miguel A. Berroa		FILED	Date 5/8/2025
Signature of Officer/Authorized Representative <i>Miguel A. Berroa</i>		MAY 08 2025 Tm81H	

MAIL TO:
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