State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
# 000085183	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 Preech the Gospel of Jesuchrist

6. Principal Office Address	City	State	Zip
1025 Plainfiel Street	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Rev. Miguel A. Berroa			Vice-President Name: Hno. Eddy Josiania Jr.		
Street Address: 161 Trenton Street			Street Address		
City: Pawtucket	State: RI	Zip: 02860	City	State	Zip
Secretary Name: Hna. Eva L. Graieda			Treasurer Name: Hno. Ramiro Gil		
Street Address: 110 Grand View Ave.			Street Address: 309 Weeden Street		
City: Johnston	State: RI	Zip: 02919	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Hna. Jessica Granado			Director Name: Hno. Jorge M. Vasquez		
Street Address: 123 Fountain Ave.			Street Address: 110 Oxford Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name: Hno. Alex Veliz			Director Name: Hna. Nury J. Baez		
Street Address: 215 Pocasset Ave.			Street Address: 41 Crawford St. Apt. 1		
City: Providence	State: RI	Zip: 02909	City: Cranston	State: RI	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	FILED	Date
Rev. Miguel A. Berroa		5/8/2025
Signature of Officer/Authorized Representative	MAY 08 2025	
	BY	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023