



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  
MAY 8 AM 11:58:58

1. Entity ID Number <b>001771333</b>		2. Exact name of the Corporation <b>TABERNACULO de la VERDAD</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious, Church</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>542 POTTERS AVE</b>		City <b>PROVIDENCE</b>	State <b>RI</b> Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John OWENS</b>		Vice-President Name <b>RAFAEL VASQUEZ</b>	
Street Address <b>552 POTTERS AVE</b>		Street Address <b>31 HENCK DR</b>	
City <b>PROV</b>	State <b>RI</b> Zip <b>02907</b>	City <b>Johnston</b>	State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>YANSILET RIVERA</b>		Treasurer Name <b>YANSILET RIVERA</b>	
Street Address <b>30 Highland St #5C</b>		Street Address <b>30 Highland St #5C</b>	
City <b>TAUNTON</b>	State <b>MA</b> Zip <b>02780</b>	City <b>TAUNTON</b>	State <b>MA</b> Zip <b>02780</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Pedro ALVAREZ</b>		Director Name <b>MARIA ALVAREZ</b>	
Street Address <b>56 HEROUX ST</b>		Street Address <b>56 HEROUX ST.</b>	
City <b>Woonsocket</b>	State <b>RI</b> Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b> Zip <b>02895</b>
Director Name <b>RAFAEL VASQUEZ</b>		Director Name	
Street Address <b>31 HENCK DR</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b> Zip <b>02919</b>	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>John OWENS</b>			Date <b>5-8-2025</b>
Signature of Officer/Authorized Representative 			

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

MAY 08 2025

BY YFX5

FORM 631- Revised 12/2023