



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
MAY 8 AM 11:58:58

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 001771333		2. Exact name of the Corporation TABERNACULO de la VERDAD	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious, Church	
4. NAICS Code 813110			
6. Principal Office Address 542 POTTERS AVE		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John OWENS		Vice-President Name RAFAEL VASQUEZ	
Street Address 552 POTTERS AVE		Street Address 31 HENCK DR	
City PROV	State RI	City Johnston	State RI
Zip 02907		Zip 02919	
Secretary Name YANSILET RIVERA		Treasurer Name YANSILET RIVERA	
Street Address 30 Highland St #5C		Street Address 30 Highland St #5C	
City TAUNTON	State MA	City TAUNTON	State MA
Zip 02780		Zip 02780	
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 Pedro ALVAREZ		Director Name MARIA ALVAREZ	
Street Address 56 HEROUX ST		Street Address 56 HEROUX ST.	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Director Name RAFAEL VASQUEZ		Director Name	
Street Address 31 HENCK DR		Street Address	
City Johnston	State RI	City	State
Zip 02919		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 John OWENS			Date 5-8-2025
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 YFX5X
FORM 631- Revised 12/2023