	State of Rhode Office of the Secreta			Fee: \$20.00
	Division Of Busines	s Services		
	148 W. River S			
1636	Providence RI 029 (401) 222-30			
	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	y 1			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	ITER THE CURRENT YEAR 2	025 : <u>2025</u>		
1. Corporate ID No. 000796933				
2. Name of Corporation <u>IGI</u>	LESIA PENTECOSTAL PUE	ERTA DELCII	<u>ELO</u>	
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
		box to the righ the NAICS Co	t of the dr de is knov	opdown will
NAICS Code				
<u>813110</u>				
4. Principal Office Address				
No. and Street: 179 WEI	LSPRING DRIVE			
City or Town: WARWI		ate: <u>RI</u> Zip:	<u>02886</u>	Country: <u>USA</u>
5. Brief Description of the C	haracter of the Affairs Condu	icted in Rhode	e Island	
TO PREACH THE WORD	OF GOD AND TO HELP F	PEOPLE IN N	EED	
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers m Island Corporation shall not	ust be listed individually. Th be less than 3.	e number of E	DIRECTOR	RS of a Rhode
Title	Individual Name First, Middle, Last, Suffix	Address, Citv	Addres	SS e, Zip Code, Country

PRESIDENT	CARLOS SALAZAR	129 SUMMER STREET CENTRAL FALLS, RI 02863 USA	
TREASURER	WESDIN CRUZ	18 PARK ST CENTRAL FALLS, RI 02863 USA	
VICE PRESIDENT	AURA CRUZ	129 SUMMER ST CENTRAL FALLS, RI 02863 USA	
SECRETARY	IRMA PINEDA	179 WELLSPRING DRIVE WARWICK , RI 02886 USA	
DIRECTOR	MIGUEL A MORALES	179 WELLSPRING DRIVE WARWICK, RI 02886 USA	
DIRECTOR	JUAN LOPEZ	50 FLETCHER ST CENTRAL FALLS, RI 02863 USA	
DIRECTOR	INGRID PINEDA	50 FLETCHER ST CENTRAL FALLS, RI 02863 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CARLOS A. SALAZAR 129 SUMMER STREET CENTRAL FALLS , RI 02863

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of May, 2025 at 12:04:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By IRMA PINEDA

Signature of Authorized Person

Form No. 631 Revised 09/07

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