State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD
25 MAY 28 PM 10:31:19

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
39066	IGLESIA APOSTOLICA EL NOMBRE DE JESUCRISTO
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	CRISTIAN church charity
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
519 POWER Rd.	PAWTUCKET	R.I.	02860

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

President Name	Vice-President Name
RAFAEL J TAVERAS	RAMIRO FRANCO
Street Address: 205 OCEAN ST	Street Address: 31 PALM ST
City: PROVIDENCE State: RI Zip: 02905	City: PAWTUCKET State: RI Zip: 02860
Secretary Name	**Treasurer Name**
FRANDY ARANA	ERICK A OCHOA
Street Address: 118 ROOSEVERT ST	Street Address: 117 ALVERSON AV
City: PROVIDENCE State: RI Zip: 02909	City: PROVIDENCE State: R.I. Zip: 02909

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

Director Name	Director Name
CARLO F. ALDANA R.	RAFAEL J TAVERAS
Street Address: 9 AV 0-01 ZONA 1	Street Address: 205 OCEAN ST
City: MIXCO State: GUATEMAL Zip:	City: PROVIDENCE State: R.I. Zip: 02905
Director Name: ROJELIO J. JUAN	Director Name:
Street Address: 373 HUNT ST # 2	Street Address:
City: CENTRAL FALL State: RI. Zip: 02863	City: State: 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.

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	Date
RAFAEL J TAVERAS	5-27-25

Signature of Officer/Authorized Representative: Rafael J Taveras

FILED
MAY 28 2025
BY 931

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