RI SOS Filing Number: 202576560690 Date: 7/2/2025 1:28:00 PM



State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

Non-Profit Corporation

Filing period: February 1 - May 1

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→ Filing period: February 1 - May → Filing Fee: \$20.00				5D 149		
Penalty: Additional \$25.00 fee i 1. Entity ID Number 000084856	form is not filed by May 31. 2. Exact name of the Corporation Iglesia Pentecostal Shekinah (Pentecostal Church Shekinah)					
State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To preach the gospel of our Lord JesusChrist. Teaching and practicing the					
4. NAICS Code 813110	droctine of t	he apostles a	and baptizm in the nam	e of jesuschrist.		
6. Principal Office Address 661 Hartford Ave. Apt# 1			City Providence	State RI	Zip 02909	
7. List ALL officers (names and ad				heck the box to indicate a	n attachment	
President Name Mirca E. Benitez De Caceres			Vice-President Name Guillermo Caceres			
Street Address 661 Hartford Ave. Apt# 1			Street Address 661 Hartford Ave. Apt# 1			
^{City} Providence	State RI	^{Zip} 02909	City Providence	State RI	Zip 02909	
Secretary Name Jonathan Caceres Benitez			Treasurer Name Abraham D Caceres			
Street Address 661 Hartford Ave. Apt# 1			Street Address 661 Hartford Ave. Apt# 1			
City Providence	State RI	^{Zip} 02909	^{City} Providence	State RI	^{Zip} 02909	
8. List ALL directors (names and a	iddresses). RI Cor	porations MUST		heck the box to indicate		
Director Name Israel D Caceres			Director Name Belgica Pascuala Benitez			
Street Address 661 Hartford Ave. Apt# 1			Street Address 661 Hartford Ave. Apt# 3			
City Providence	State RI	^{Zip} 02909	City Providence	State RI	^{Zip} 02909	
Director Name Ramon Guillermo Benitez			Director Name Frank Idarberto Benitez			
Street Address 661 Hartford Ave. Apt# 3			Street Address 661 Hartford Ave. Apt# 3			
City Providence	State RI	^{Zip} 02909	City Providence	State RI	Zip 02909	
9. The Registered Agent information	on of record with th	ne RI Department	t of State is accurate. Changes	require filing Form 64		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha	t I have examine	d this report, including any a			
This report must be signed by either the Pre				presentative, Receiver or Tru	sloo	
Name of Officer/Authorized Representative				Date		
Will Bates Lace &	>			07/02/20	25	
Bigniture of Officer/Authorized Re	presentative		FLED			
WAIL 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