State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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
000084856	Iglesia Pentecostal Shekinah (Pentecostal Church Shekinah)
3. 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 droctine of the apostles and baptizm in the name of jesuschrist.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
661 Hartford Ave. Apt# 1	Providence	RI	02909

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

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 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: W. Mirca Benitez De Caceres — Date: **07/02/2025**

Signature of Officer/Authorized Representative: Mirca B. De Caceres

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631- Revised. 12/2023