



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022

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 000084856		2. Exact name of the Corporation 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 doctrine of the apostles and baptism in the name of jesuschrist.			
4. NAICS Code 813110					
6. Principal Office Address 661 Hartford Ave. Apt# 1			City Providence	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative 				Date 07/02/2025	
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

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