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25 JUL 2 PM 1:25:45State of Rhode Island
Department of State - Business Services Division

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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 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	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	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	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	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 <i>Mirca Benitez De Caceres</i>		Date 07/02/2025	
Signature of Officer/Authorized Representative <i>Mirca Benitez De Caceres</i>		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