



State of Rhode Island
Department of State - Business Services Division

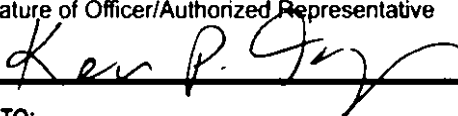
Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 519716		2. Exact name of the Corporation Iglesia Roca De Restauracion			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preaching the gospel of the Kingdom			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 1411 Broad Street		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julio A Almanzar De La Cruz			Vice-President Name Keren P Fernandez		
Street Address 849 Elwood Avenue			Street Address 847 Elmwood Avenue Apt. 2		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Juana M Fanith Sanchez			Treasurer Name Keren P Fernandez		
Street Address 849 Elmwood Avenue			Street Address 847 Elmwood Avenue Apt. 2		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Candi Severino			Director Name Josefina Gil		
Street Address 19 Concannon Street			Street Address 20 Bloomindale Avenue		
City Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Director Name Lissa Hernandez			Director Name		
Street Address 150 Palmer Avenue			Street Address		
City Warwick	State RI	Zip 02889	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.					
<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 Keren P Fernandez				Date 12/21/2022	
Signature of Officer/Authorized Representative 				FILED	

FEB 1 2023

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