



State of Rhode Island
Department of State - Business Services Division

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.

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|--|-----------------|--|--|---------------------------|------------------|
| 1. Entity ID Number 000085175 | | 2. Exact name of the Corporation Iglesia Fuente de Salvacion Misionera, Inc. M.I. La Senda Antigua | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To provide Spiritual and/ or Material aid to Spanish / American Community. | | | |
| 4. NAICS Code 813110 - Religious Organizati | | | | | |
| 6. Principal Office Address 116a Main Street | | City Woonsocket | State RI | Zip 02895 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Wilson D. Marin | | | Vice-President Name Jordan M. Gonzalez | | |
| Street Address 104 Sayles St. Apt. 205 | | | Street Address 242 Vose St. Apt. 2L | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Secretary Name Marta R. Melendez | | | Treasurer Name Sandra I. Maldonado | | |
| Street Address 104 Sayles St. Apt. 206 | | | Street Address 182 Cumberland St. Apt. 69 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 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 Wilson D. Marin | | | Director Name Karimar Huertas | | |
| Street Address 104 Sayles St. Apt. 205 | | | Street Address 104 Sayles St. Apt. 205 | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02805 |
| Director Name Orlando Rosario | | | Director Name Jordan M. Gonzalez | | |
| Street Address 332 Carrington Avenue | | | Street Address 242 Vose ST. Apt. 2L | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 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 Wilson D. Marin | | | | Date 10/28/2022 | |
| Signature of Officer/Authorized Representative <i>Wilson D. Marin</i> | | | | FILED | |

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