|   | State of Rh<br>Office of the Se |                  |                   | Fee: \$20.00        |  |
|---|---------------------------------|------------------|-------------------|---------------------|--|
|   | Division Of Bus                 | siness Serv      | ices              |                     |  |
|   | 148 W. Ri                       | ver Street       |                   |                     |  |
|   | Providence RI                   | 02904-26         | 15                |                     |  |
| 1636  | (401) 22                        | 2-3040           |                   |                     |  |
| Non-Profit Corporation<br>Annual Report   |                                 |                  |                   |                     |  |
| Filing Period: February 1 - May   | / 1                             |                  |                   |                     |  |
| In accordance with R.I.G.L. 7-6<br>annual report within the time p<br>penalty fee of \$25.00.   |                                 |                  |                   | 5                   |  |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024  |                                 |                  |                   |                     |  |
| 1. Corporate ID No. 000085175   |                                 |                  |                   |                     |  |
| 2. Name of Corporation Iglesia Fuente de Salvacion Misionera Inc. MI La Senda Antiqua   |                                 |                  |                   |                     |  |
| 3. State of Incorporation   |                                 |                  |                   |                     |  |
| State: <u>RI</u>  |                                 |                  |                   |                     |  |
| NAICS CODE  |                                 |                  |                   |                     |  |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |                                 |                  |                   |                     |  |
| NAICS Code  |                                 |                  |                   |                     |  |
| <u>813110</u>   |                                 |                  |                   |                     |  |
| 4. Principal Office Address   |                                 |                  |                   |                     |  |
| No. and Street: 116 A M   | IAIN STREET                     |                  |                   |                     |  |
|   |                                 | State: <u>RI</u> | Zip: <u>02895</u> | Country: <u>USA</u> |  |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island  |                                 |                  |                   |                     |  |
| TO PROVIDE SPIRITUAL AND OR MATERIAL AID TO THE SPANISH AMERICAN  |                                 |                  |                   |                     |  |
| <u>COMMUNITY</u>  |                                 |                  |                   |                     |  |
| 6. Names and Addresses of the Officers and Directors:   |                                 |                  |                   |                     |  |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.   |                                 |                  |                   |                     |  |
| Title   | Individual Name                 |                  | Ado               | dress               |  |
| •   |                                 |                  |                   |                     |  |

|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country         |
|-----------|-----------------------------|---|
| TREASURER | SANDRA I MALDONADO          | 182 CUMBERLAND ST APT. 69<br>WOONSOCKET, RI 02895 USA   |
| SECRETARY | MARTA R MELENDEZ            | 104 SAYLES ST. APT. 206<br>WOONSOCKET, RI 02895 USA     |
| PRESIDENT | WILSON D. MARIN             | 104 SAYLES STREET, APT. 205<br>WOONSOCKET, RI 02895 USA |
| DIRECTOR  | KARIMAR HUERTAS             | 104 SAYLES ST APT. 205<br>WOONSOCKET, RI 02895 USA      |
| DIRECTOR  | JORDAN GONZALEZ             | 242 VOSE ST APT. 2L<br>WOONSOCKET, RI 02895 USA         |
| DIRECTOR  | ORLANDO ROSARIO             | 332 CARRINGTON AVE<br>WOONSOCKET, RI 02895 USA          |

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WILSON D. MARIN 104 SAYLES STREET, APT. 205 WOONSOCKET , RI 02895

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of May, 2024 at 12:06:01 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By WILSON D. MARIN

Signature of Authorized Person

Form No. 631 Revised 09/07

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