



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 543003		2. Name of Corporation MINISTERIO CRISTIANO COLOR DE VIDA	
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 133 MITCHELL ST		City PROVIDENCE
5. Foreign corporation. Enter principal office address N/A		City N/A	State N/A
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHRISTIAN RELIGIOUS NON-PROFIT ORG - CHILDREN MINISTRY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ANTONIA MENDOZA		Vice President Name NILDA J. SILVERIO	
Street Address 133 MITCHELL ST APT 2L		Street Address 329 NORTHUP ST.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02905	
Secretary Name YSAURA SOSA		Treasurer Name NILDA J. SILVERIO	
Street Address 23 CHESTNUT AVE		Street Address 329 NORTHUP ST.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02900		Zip 02905	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name ANTONIA MENDOZA		Director Name YSAURA SOSA	
Street Address 133 MITCHELL ST APT		Street Address 23 CHESTNUT AVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02910	
Director Name NILDA J. SILVERIO		Director Name N/A	
Street Address 329 NORTHUP ST		Street Address N/A	
City PROVIDENCE	State RI	City N/A	State N/A
Zip 02905		Zip N/A	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date **MAY 25 2011**

Check No. **6745156**

By **BY SECRETARY OF STATE USE ONLY**

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.

Signature of Officer **Antonia Mendoza** Date **2011 MAY 25 PM 4:26**

Print or Type Name of Officer **ANTONIA MENDOZA**

Title of Officer **President**