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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000271534	International Federation of Christian Chaplains
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: We certified and train Christian Chaplains - Teaching the Word of God via the Internet and also live seminars. We do foreing missionary work.

5. Principal office address	City	State	Zip
38 Chaffee St	Providence	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Rev. Mynor A. Vargas	11 Cliff St.	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Pastor Blanca Vargas	11 Cliff St.	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Luis F. Leon	32 Rye St.	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
Anibal Hernandez	39 Glenbridge Av.	Providence	RI	02909

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Rev. Mynor Vargas	11 Cliff St.	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Pastor Blanca Vargas	11 Cliff St.	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Luis F. Leon	32 Rye St.	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Anibal Hernandez	39 Glenbridge St.	Providence	RI	02909

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

2012 OCT 22 P 1:59

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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OCT 22 2012
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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.

/Mynor Vargas — Signature of Officer — **10/22/2012** Date

Rev. Mynor A. Vargas — Print or Type Name of Officer

President — Title of Officer

Form No. 631
Revised: 05/2012

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