



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 159641		2. Exact name of the Corporation Monasterio de Castel de la Misericordia			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 952 Cranston St.		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address				City	State Zip
6. Brief description of the character of business conducted in Rhode Island Serving the community preaching the Gospel of Jesus and other activities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Midrell Tiboreca			Vice-President Name Ana Cepeda		
Street Address 90 Woodbine St.			Street Address 90 Woodbine St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Freddy Lopez			Treasurer Name Kenix Sweet		
Street Address 16 Greenville Ave. 1-F			Street Address 10 Taylor St.		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Midrell Tiboreca			Director Name Ana Cepeda		
Street Address 90 Woodbine St.			Street Address 90 Woodbine St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Freddy Lopez			Director Name		
Street Address 16 Greenville Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 2014

By 226066

A. A. 2:23 PM
 Title of Officer

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.

Midrell Tiboreca 6/7/14
 Signature of Officer Date

Midrell Tiboreca
 Print or Type Name of Officer

President
 Title of Officer

2014 JUN 10 PM 2:22
 CORPORATIONS DIV
 STATE