



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 2014

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 Ministerio La Catedral de los Milagros			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 952 Carpenter St.		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address				City	State
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 type="checkbox"/>					
President Name Michael Tiburcio			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 Kenia Sarit		
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 <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Tiburcio			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. 1-F			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: **206000**

A.A. 2:24p

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

Printer-Type Name of Officer

Title of Officer

6/7/14
Date