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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
20100848 2	Ministerio Sanando Corazonez 24-7
3. State of Incorporation: R.I	4. Brief description of the character of business conducted in Rhode Island: I Preach and do conference healing heart tru the words of God.

5. Principal office address	City	State	Zip
475 School St	Pawtucket	RI	02860

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

President Name	Vice-President Name
Hilda I Toyenst	Deborah Quinonez
Street Address: 475 School St Apt 412	Street Address: 48 Monica Road
City: Pawtucket State: RI Zip: 02860	City: Grand Island State: NY Zip: 14072
Secretary Name	**Treasurer Name**
Deborah Quinonez	Deborah Quinonez
Street Address: 48 Monica Rd	Street Address: 48 Monica Rd
City: Grand Island State: NY Zip: 14072	City: Grand Island State: NY Zip: 14072

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

Director Name	Director Name
Hilda I Toyenst	Deborah Quinonez
Street Address: 475 School St 412	Street Address: 48 Monica Road
City: Pawtucket State: RI Zip: 02860	City: Grand Island State: NY Zip: 14072
Director Name: Nancy Ramirez	Director Name
Street Address: 194 B Burnside St #2	Street Address
City: Providence State: RI Zip: 02905	City State Zip

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, duly Authorized Representative, Receiver or Trustee

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File Date
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By:
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JAN 06 2016
BY CM 264745

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.

Hilda I. Toyenst 1/6/16
Signature of Officer or Authorized Representative — Date

Hilda I. Toyenst
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
130758-1-1084536