



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV

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1. Entity ID Number 875173		2. Exact name of the Corporation Kairos Integral Evangelistic Ministry	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Shalom Ministry	
5. Principal Office Address 950 Attwells Ave		City Providence	State RI
		Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Yusbin Meza		Vice-President Name Yeny Meza	
Street Address 950 Attwells Ave		Street Address 950 Attwells Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Karina Vargas		Treasurer Name Tecnila Canales	
Street Address 39 Glenbridge Ave		Street Address 74 Brush Hill Rd	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Yusbin Meza		Director Name Yeny Meza	
Street Address 950 Attwells Ave		Street Address 950 Attwells Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Karina Vargas		Director Name Emma Archila	
Street Address 39 Glenbridge Ave		Street Address 74 Brush Hill Rd	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Yusbin Meza		Date 7/27/2016	
Signature of Officer/Authorized Representative 			

FILED

JUL 27 2016

BY CH 280076

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016