



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

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 15 AM 9:31

Non-Profit Corporation Annual Report for the year: 2017

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|-------|---|-----------|
| 1. Entity ID Number | | 2. Exact name of the Corporation | |
| 518466 | | MINISTERIO EVANGELICO CAMINANDO CON CRISTO | |
| 3. State of Incorporation | | 4. Brief description of the character of business conducted in Rhode Island | |
| RI | | CHURCH FOR COMMUNITI SERVICE | |
| 5. Principal Office Address | | City | State |
| 143 OXFORD ST. | | PROVIDENCE | RI |
| | | Zip | |
| | | 02905 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name | | Vice-President Name | |
| JOSE M. SANCHEZ | | | |
| Street Address | | Street Address | |
| 143 OXFORD ST. | | | |
| City | State | City | State |
| PROVIDENCE | RI | | |
| Zip | | Zip | |
| | 02905 | | |
| Secretary Name | | Treasurer Name | |
| | | | |
| Street Address | | Street Address | |
| | | | |
| City | State | City | State |
| | | | |
| Zip | | Zip | |
| | | | |
| 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 | | Director Name | |
| JOSE M. SANCHEZ | | ARIEL A. SANCHEZ | |
| Street Address | | Street Address | |
| 143 OXFORD ST. | | 510 CHALKSTONE AV. | |
| City | State | City | State |
| PROVIDENCE | RI | PROVIDENCE | RI |
| Zip | | Zip | |
| | 02905 | | 02908 |
| Director Name | | Director Name | |
| THEODORA A. NUÑEZ | | CLARISSA I. SANCHEZ | |
| Street Address | | Street Address | |
| 143 OXFORD ST. | | 512 CHALKSTONE AV. | |
| City | State | City | State |
| PROVIDENCE | RI | PROVIDENCE | RI |
| Zip | | Zip | |
| | 02905 | | 02908 |
| 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. | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | |
| Name of Officer/Authorized Representative | | | Date |
| JOSE SANCHEZ | | | 6-15-2017 |
| Signature of Officer/Authorized Representative | | | |
| JOSE SANCHEZ SIGN DOCUMENT HERE | | | |

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BY CU 306044