



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

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 BUS SVCS DIV

2017 JUN 30 PM 2:08

Annual Report for the year: 2017
 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.

1. Entity ID Number 505081		2. Exact name of the Corporation Centro de Capellanes Cristianos, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educating and training for the Community.			
4. NAICS Code 624190					
6. Principal Office Address 6 Lookout Ave. 2 Floor		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Ramos		Vice-President Name Marisol Ramos			
Street Address 3396 Depew Ave.		Street Address 3396 Depew Ave.			
City Port Charlotte	State FL	Zip 33952	City Port Charlotte	State FL	Zip 33952
Secretary Name Gloria J. Santos-Ramos		Treasurer Name Luz Jeanette Mojica			
Street Address 174 Allston St. Apt. 1		Street Address 15 Amity St.			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. 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 Glorayma Ramos		Director Name Jorge L. Pizarro			
Street Address 6 Lookout Ave. 2 Floor		Street Address 6 Lookout Ave. 2 Floor			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Juan Rodriguez		Director Name			
Street Address 2457 Meadowbrook rd. nw		Street Address			
City Roanoke	State VA	Zip 24017	City	State	Zip
9. 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 Glorayma Ramos				Date 6-30-2017	
Signature of Officer/Authorized Representative 					

FILED

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

JUN 30 2017

BY CW 307382