



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

Annual Report for the year:  
Non-Profit Corporation

2017 Amended

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

2017 AUG 18 PM 2:59  
RECEIVED  
STATE  
DEPT OF STATE  
BUSINESS DIV.

1. Entity ID Number <b>505081</b>		2. Exact name of the Corporation <b>Centro de Capellanes Cristianas, Inc.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Educating and training for the Community.</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>6 Lookout Ave. 2 Floor</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David Ramos</b>		Vice-President Name <b>Marisol Ramos</b>	
Street Address <b>3396 Depew Ave.</b>		Street Address <b>3396 Depew Ave.</b>	
City <b>Port Charlotte</b>	State <b>FL</b>	City <b>Port Charlotte</b>	State <b>FL</b>
Zip <b>33952</b>		Zip <b>33952</b>	
Secretary Name <b>Veronica Rodriguez</b>		Treasurer Name <b>Gloria J. Santos Ramos</b>	
Street Address <b>44 Benefit St.</b>		Street Address <b>174 Allston St. Apt. 1</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02861</b>		Zip <b>02908</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Glorayma Ramos</b>		Director Name <b>Gloria J. Santos Ramos</b>	
Street Address <b>6 Lookout Ave. 2 Floor</b>		Street Address <b>174 Allston St. Apt. 1</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02908</b>	
Director Name <b>Jorge L. Pizarro</b>		Director Name	
Street Address <b>6 Lookout Ave. 2 Floor</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02920</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>Glorayma Ramos</b>		Date <b>8-18-2017</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED

BY *[Signature]* AUG 18 2017  
12:59



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 18, 2017 12:59 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

