



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

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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BUS SVCS DIV

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1. Entity ID Number 000117882		2. Exact name of the Corporation Ministerio El es Rey and Misioneras Franciscanas		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Carry out christian misionary work.		
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>				
6. Principal Office Address 22 Oaklawn Ave Apt 212		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 Amalia R. Bueno		Vice-President Name Isabel Vecco		
Street Address 22 Oaklawn Ave Apt 212		Street Address 22 Oaklawn Ave Apt 212		
City Cranston	State RI	Zip 02920	City Cranston	State RI Zip 02920
Secretary Name Esperanza Gallardo		Treasurer Name Isabel Vecco		
Street Address 212 Oaklawn Ave		Street Address 22 Oaklawn Ave Apt 212		
City Cranston	State RI	Zip 02920	City Cranston	State RI Zip 02920rim
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 Amalia R. Bueno		Director Name Isabel Vecco		
Street Address 22 Oaklawn Ave Apt 212		Street Address 22 Oaklawn Ave Apt 212		
City Cranston	State RI	Zip 02920	City Cranston	State RI Zip 02920
Director Name Esperanza Gallardo		Director Name		
Street Address 22 Oaklawn Ave Apt 212		Street Address		
City Cranston	State RI	Zip 02920	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.				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative Amalia R. Bueno			Date 11-10-2017	
Signature of Officer/Authorized Representative <i>Amalia R. Bueno</i>				

FILED

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BY *2034610*

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: 10/2017