RI SOS Filing Number: 201869701390 Date: 6/15/2018 4:00:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JUN 15 PM 4:02

Annual Report for the year: 2018
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	2. Exact name of the Corporation
000507952	Ministerio Internacional Guerreros De Cristo
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious/Christian to Preach the Gospel to All Creatures
4 NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
P.O. Box 6672	Providence	RI	02940

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gabriel A. Alvarado			Vice-President Name: Daisy Alvarado		
Street Address: P.O Box 6672			Street Address: P.O. Box 6672		
City: Providence	State: RI	Zip: 02940	City: Providence	State: RI	Zip: 02940
Secretary Name: Madelin Ortiz			Treasurer Name		
Street Address: 905 Main St Apt 1			Street Address		
City: Pawtucket	State: RI	Zip: 02860	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Aubner Castillo			Director Name: Gabriel A. Alvarado		
Street Address: 13 Hendrick St			Street Address: P.O. Box 6672		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02940
Director Name: Daisy Alvarado			Director Name		
Street Address: P.O. Box 6672			Street Address		
City: Providence	State: RI	Zip: 02940	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.

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	Date
Gabriel A. Alvarado	6-15-18

Signature of Officer/Authorized Representative: [signature]

SIGN DOCUMENT HERE

FILED
JUN 15 2018
BY 3328411
2:20

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: 11/2017