RI SOS Filing Number: 201872850740 Date: 7/26/2018 4:00:00 PM

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

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV 2018 JUL 26 PM 1:38

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: 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 ☐

President Name: Marisol Ramos		Vice-President Name: Glorayma Ramos	
Street Address: 3396 Depew Ave.		Street Address: 6 Lookout Ave. 2 FL.	
City: Port Charlotte	State: FL Zip: 33952	City: Cranston	State: RI Zip: 02920
Secretary Name: Jeanette Corcuera		Treasurer Name: Gloria J. Santos	
Street Address: 80 Glover St. Apt. 2		Street Address: 174 Allston St. Apt. 1	
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 ☐

Director Name: Jorge L. Pizarro		Director Name: Gloria J. Santos	
Street Address: 6 Lookout Ave. 2 FL		Street Address: 174 Allston St. Apt. 1	
City: Cranston	State: RI Zip: 02920	City: Providence	State: RI Zip: 02908
Director Name: Maria M. Abreu de Javier		Director Name:	
Street Address: 172 Early St		Street Address:	
City: Providence	State: RI Zip: 02907	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: Glorayma Ramos	Date: 7-26-2018
Signature of Officer/Authorized Representative: Glorayma Ramos	

FILED
JUL 26 2018
BY 335689
1:38

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