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

Annual Report for the year: 2020
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: 1674789	2. Exact name of the Corporation: Ministerios Casa de Dios y Puerta del Cielo
3. State of Incorporation: RF	5. Brief description of the character of business conducted in Rhode Island: title 7:6 To Preach the Gospel of Jesus Christ
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
956 Broad st.	Providence	RI	02905

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

President Name: Ramon Morale	~~Vice-President~~ Name: assistan secretary Rosa Morales		
Street Address: 15 Fmena Ave	Street Address: 15 Fmena Ave		
City: Providenc / State: RI / Zip: 02904	City: Providenca / State: RF / Zip: 82904		
Secretary Name: Mabel Quinonez	Treasurer Name: Marvin Josue Loper		
Street Address: 70 Hugo ST	Street Address: 46 Lindsy Ave		
City: Providence / State: RF / Zip: 02908	City: Providence / State: RI / Zip: 02909		

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

Director Name: Rocio Loper	Director Name: Rosa Morales		
Street Address: 15 Fmena	Street Address: 15 Fmena Ave		
City: Providence / State: RF / Zip: 82904	City: Providence / State: RI / Zip: 02909		
Director Name: Mabel Quinonez	Director Name:		
Street Address: 70 Hugo ST	Street Address:		
City: Providence / State: RI / Zip: 02908	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
Ramon Morales	03/02/2020

Signature of Officer/Authorized Representative

FILED
MAR 02 2020
BY: 2DCRK

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: 03/2019