



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 MAR -2 P 3:15

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 RI		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 906 Broad St. Providence		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses)			
President Name Ramon Morales		Check the box to indicate an attachment ☐	
Street Address 15 Fmerna Ave		Vice President Name Rosa Morales	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Mabel Quinonez		Treasurer Name Marvin Josue Lopez	
Street Address 70 Hugo St		Street Address 46 Lindsay Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name Rocio Lopez		Check the box to indicate an attachment ☐	
Street Address 15 Fmerna Ave		Director Name Rosa Morales	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Director Name Mabel Quinonez		Director Name	
Street Address 70 Hugo St		Street Address	
City Providence	State RI	City	State
Zip 02908		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 Ramon Morales		Date 03/02/2020	
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:

Division of Business Services

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