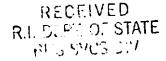
RI SOS Filing Number: 202037518570 Date: 4/13/2020 3:32:00 PM





Annual Report for the year:	2018
Non-Profit Corporation	

Non-Profit Corporation	2020 APR 13 P 3: 30						
Filing period June 1 - June 30	TOTA WILL ID I D DO						
→ Filing Fee: \$20 00 → Penalty. Additional \$25 00 fee if	form is not filed	by July 30.					
<u> </u>		, ,					
Entity ID Number		2. Exact name of the Corporation 😂					
000272268	Mision Cristiana de Restauracion Casa del Alfarero of Rhode Island / The Potter's House Restoration Christian Mission of Rhode Island						
3 State of Incorporation C	5. Brief description of the character of business conducted in Rhode Island 🙂						
RI	WORSHIP, MINISTRY, EVANGELISM, FELLOWSHIP AND DISCIPLESHIP						
4 NAICS Code (┥						
813110							
6. Principal Office Address C	-		City	State	Zip		
89 STANSBURY ST			PROVIDENCE	RI	02908		
7. List ALL officers (names and ad	dresses) (-)		Chec	k the box to indicate	an attachment		
President Name DANIEL WEST			Vice-President Name EDUARDO MENDEZ				
Street Address 89 STANSBURY ST			Street Address 81 RALPH ST #2				
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Z1p 02909		
Secretary Name MARVIN DE PAZ			Treasurer Name				
Street Address 50 FRUIT HILL AVE			Street Address				
City PROVIDENCE	State RI	Zip 02909	City	State	Zıp		
8. List ALL directors (names and a	iddresses). RI C	Corporations MUST	ist at least THREE directors.	Check the box to indic	ate an attachment		
Director Name DANIEL WEST			Director Name EDUARDO MENDEZ				
Street Address 89 STANSBURY ST			Street Address 81 RALPH ST #2				
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zrp 02909		
Director Name MARVIN DE PAZ			Director Name				
Street Address 50 FRUIT HILL AVE			Street Address				
City PROVIDENCE	State RI	Zip 02909	City	State	Zıp		
9. Registered Agent in Rhode Isla	nd. This informati	on is currently of reco	d in the Department of State Change	es require filing Form 64	11. 🚺		
Under penalty of perjury, I decident statements, and that all stateme			_	companying schedu	iles and		
This report must be signed by either the Pro	esident, Vice-Presid€	ant, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre	sentative Receiver or Trus	stee		
Name of Officer/Authorized Representative DANIEL WEST				Date APRIL 8, 2	Date APRIL 8, 2020		
Signature of Officer/Authorized Re	presentative	SIGNING	LIMENT HERE	1			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www sos ri gov

APR 1 3 2020

FORM 631 - Revised: 05/2017