



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

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 APR 13 P 3:30


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 000272268		2. Exact name of the Corporation Mision Cristiana de Restauracion Casa del Alfarero of Rhode Island / The Potter's House Restoration Christian Mission of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island WORSHIP, MINISTRY, EVANGELISM, FELLOWSHIP AND DISCIPLESHIP			
4. NAICS Code 813110					
6. Principal Office Address 89 STANSBURY ST			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses) (.) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02909
Secretary Name MARVIN DE PAZ			Treasurer Name		
Street Address 50 FRUIT HILL AVE			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 <input type="checkbox"/>					
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	Zip 02909
Director Name MARVIN DE PAZ			Director Name		
Street Address 50 FRUIT HILL AVE			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 DANIEL WEST				Date APRIL 8, 2020	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CA VESYI
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FORM 631 - Revised: 05/2017