



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>164425</u>		2. Exact name of the Corporation <u>Instituto Biblico de Providence</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A Institution that teach theological and Biblical classes in order to equip leaders in the church</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>66 Commodore ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Rev. Israel Mercedes</u>		Vice-President Name <u>Fredy Disla</u>	
Street Address <u>66 Commodore ST</u>		Street Address <u>97 Miner ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>Minerva Quiroz</u>		Treasurer Name <u>Loanny Roman</u>	
Street Address <u>66 Pontiac Av</u>		Street Address <u>147 Reservoir Av</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02907</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Rev. Israel Mercedes</u>		Director Name <u>Fredy Disla</u>	
Street Address <u>66 Commodore ST</u>		Street Address <u>97 Miner ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02907</u>	
Director Name <u>Minerva Quiroz</u>		Director Name	
Street Address <u>66 Pontiac Av</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02910</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Rev. Israel Mercedes</u>		Date <u>4/19/21</u>	
Signature of Officer/Authorized Representative <u>Rev. Israel Mercedes</u>			

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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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FORM 631 - Revised: 08/2020