RI SOS Filing Number: 202196583020 Date: 5/13/2021 4:00:00 PM

20.

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 13 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation
001008482	MINISTERIO SANANDO CORAZONES 24-7
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: I PREACH IN CHURCHES CHRISTIANS CONFERENCE IN DIFFERENCE PLACES CALLING HEALING HEARTS
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
97 LARCH STREET # 4	EAST PROVIDENCE	RI	02914

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

President Name: HILDA I TOYENST			Vice-President Name: DEBORAH QUINONEZ		
Street Address: 97 LARCH STREET #4			Street Address: 48 MONICA ROAD		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: GRAND ISLAND	State: NY	Zip: 14072
Secretary Name: DEBORAH QUINONEZ			Treasurer Name: DEBORAH QUINONEZ		
Street Address: 48 MONICA ROAD			Street Address: 48 MONICA ROAD		
City: GRAND ISLAND	State: NY	Zip: 14072	City: GRAND ISLAND	State: NY	Zip: 14072

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

Director Name: HILDA I TOYENST			Director Name: DEBORAH QUINONEZ		
Street Address: 97 LARCH STREET #4			Street Address: 48 MONICA ROAD		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: GRAND ISLAND	State: NY	Zip: 14072
Director Name: NANCY RAMIREZ			Director Name:		
Street Address: 196 BURNSIDE STREET #2			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02905	City:	State:	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	Date
HILDA I TOYENST	5/13/2021

Signature of Officer/Authorized Representative: Hilda I Toyenst

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: 08/2020