



State of Rhode Island

Department of State - Business Services Division

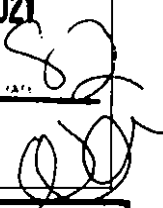
Annual Report for the year: **2021**

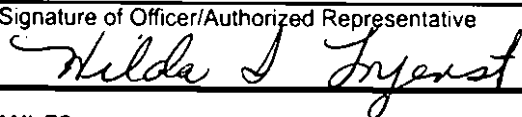
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED**MAY 13 2021**BY 

1. Entity ID Number 001008482		2. Exact name of the Corporation 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 97 LARCH STREET # 4			City EAST PROVIDENCE	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative HILDA I TOYENST				Date 5/13/2021	
Signature of Officer/Authorized Representative 					

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