



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2021**  
**Non-Profit Corporation**

JUN 1 2021

BY 27360121408

- 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 <b>001712723</b>		2. Exact name of the Corporation <b>Ministerio Puerta de Restauracion</b>			
3. State of Incorporation Rode Island		5. Brief description of the character of business conducted in Rhode Island To pursue a God giving ministry of healing, caring for the emotional hurt and spirit broken souls, through biblical counbseling and professional outreach programs.			
4. NAICS Code 813110 - Religious Organizati <input type="checkbox"/>					
6. Principal Office Address 181 Colfax Street 2sd Floor		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dalia E. Gomez</b>		Vice-President Name <b>Soraida J. Decamps</b>			
Street Address <b>181 Colfax Street 2sd Floor</b>		Street Address <b>259 lenox Ave, 1st Floor</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Clarines Decamps</b>		Treasurer Name <b>Yeirys Vinas</b>			
Street Address <b>222 Orms Street</b>		Street Address <b>222 Orms Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dalia E. Gomez</b>		Director Name <b>Yeirys Vinas</b>			
Street Address <b>181 Colfax Street 2sd Floor</b>		Street Address <b>222 Orms Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Soraida J. Decamps</b>		Director Name			
Street Address <b>259 lenox Ave, 1st Floor</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Luis D. Martinez</b>				Date <b>05/28/2021</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov