



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -7 A 10:26

1. Entity ID Number 001713121		2. Exact name of the Corporation Misionero Idesia Cristo Misionera Libre INC.			
3. State of Incorporation Puerto Rico		5. Brief description of the character of business conducted in Rhode Island WE WORK WITH THE COMMUNITY TO PREACH THEM THE WORD OF GOD TO MAKE A BETTER FUTURE FOR THE.			
4. NAICS Code 813110					
6. Principal Office Address 245 Manton St. #34			City Pawtucket	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Santo Mojica			Vice-President Name Martin Martinez		
Street Address 245 Manton St. #34			Street Address 525 Second ave		
City Pawtucket	State RI	Zip 02861	City Woonsocket	State RI	Zip 02895
Secretary Name Migdalia Gaytan			Treasurer Name Julia E. Mojica		
Street Address 288 - Randal st. 02860			Street Address 245 Manton St. #34		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Marcos R. Castillos			Director Name Julia E Mojica		
Street Address			Street Address 245 Manton St #34		
City New Bedford	State MA.	Zip	City Pawtucket	State RI	Zip 02861
Director Name Edgardo Santiago			Director Name Ats Maria Acosta		
Street Address 126 Burrowside Ave.			Street Address 126 Burrowside ave		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02861
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Santo Mojica Jr.					Date 6/7/2021
Signature of Officer/Authorized Representative Santo Mojica Jr.					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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