RI SOS Filing Number: 202198071390 Date: 6/9/2021 4:00:00 PM

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 -9 A 11:31

1. Entity ID Number	2. Exact name of the Corporation
000352786	First Free Methodist church Hispanic
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
17 Narragansett ave.	Providence	RI	02907

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

President Name	Vice-President Name
Rev. teofilo Jimenez	Julio Jimenez
Street Address: 65 corinth st	Street Address: 48 corinth st
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Secretary Name: mayker Duran	Treasurer Name: Argentina I Olivo
Street Address: 1033 Eddy st	Street Address: 346 auburn st
City: Providence State: RI Zip: 02905	City: Cranston State: RI Zip: 02910

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

Director Name	Director Name
Dalosca Jimene	Julio Jimenez
Street Address: 152 Benedict st	Street Address: 48 corinth st
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Director Name: mayker Duran	Director Name: Argentina I Olivo
Street Address: 1033 Eddy st	Street Address: 346 auburn st
City: Providence State: RI Zip: 02905	City: Cranston State: RI Zip: 02910

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
teofilo Jimenez	6/09/2021

Signature of Officer/Authorized Representative

FILED
JUN 09 2021
BY 58072

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