Tilling Number: 202198257910 Date: 6/14/2021 2:02:00 PM

1	(S)	State of Rhode
	Annua	Report for

e Island nt of State - Business Services Division

Annual Report for the year:	2021
Non-Profit Corporation	

- → Filing period: June 1 June 30 → Filing Fee: \$20.00

Filing Fee: \$20.00 Penalty: Additional \$25.00 fee	e if form is not filed by J	uly 30.	202 2AC2 DIA			
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.			2021 JUN 14 P 1: 52			
Entity ID Number 2. Exact name of the Corporation						
2946	:	crista e	s el compo To	alesia Ye	<u>Uff </u>	
	5. Brief description	n of the character	of business conducted in Rhode	Island		
State of Incorporation	G: Bilor dosonplis					
hode Islan	ما					
NAICS Code						
21110		Churc	h			
<u> </u>		Chon	City	State	Zip	
Principal Office Address				Dr	78850	
arom. a 480	Street		MAJORICELL			
. List ALL officers (names and	d addresses)			Check the box to indi	cate an attachment	
resident Name			Vice-President Name			
sondra occ	3210					
Street Address			Street Address			
255 Diamor	od pill ra	T *	City	State	Zip	
City	State	2 895	City			
000000cket		1-21-21-1	Treasurer Name			
Secretary Name	OP 2		Madica Lopez			
			Street Address	2 - 6 - 6		
Street Address	d hillrd f	76+C2	100 C1 11 WALL	State State	Zip	
Citv	State Q ~	(ZIP	WOODSOCKET	I STORY	27.895	
uponsocket		02895	ist at least THREE directors			
8. List ALL directors (names a	and addresses). RI Co	rporations MUSI	ist at least TTINEE directors.	Check the box to inc	licate an attachment L	
			Director Name			
Director Name			maria J. OCC	<u> </u>		
Maria Lopez Street Address	<u></u>		Street Address		~ NOT17	
189 morin her	9h ts			1d hill Co	Zio	
City	State	Zip	City	State 7	_ 5289S	
Woonsocket	<u> </u>	7.6820	Director Name	<u></u>		
Director Name	.0.7		Director Name			
yamilet Cop	<u> </u>		Street Address			
Street Address	nd hillrd	Apt (2				
2-ma Diamor		7:0	City	State	Zip	
SUZZ DIOMON	l State	Zip				
City Diamor	State	7196	-	:- Si-a Form 6		
City City Change Celt	State T	the RI Departmen	nt of State is accurate. Changes re	equire filing Form 6	341.	
City City 9. The Registered Agent info	ormation of record with	the RI Department I have examin	t of State is accurate. Changes re ed this report, including any ac	equire filing Form (companying sch	641. edules and	
City 9. The Registered Agent info Under penalty of perjury, I	ormation of record with	the RI Department I have examinated are true are	nt of State is accurate. Changes re and this report, including any ac and correct.	companying sen		
City City 9. The Registered Agent info Under penalty of perjury, I	ormation of record with	the RI Department I have examinated are true are	nt of State is accurate. Changes re and this report, including any ac and correct.	esentative, Receiver or		
City 9. The Registered Agent info Under penalty of perjury, I statements, and that all sta	ormation of record with declare and affirm thatements contained in the President, Vice-President	the RI Department I have examinated are true are	t of State is accurate. Changes re ed this report, including any ac	companying sen		
City City 9. The Registered Agent info Under penalty of perjury, I	ormation of record with declare and affirm thatements contained in the President, Vice-President	the RI Department I have examinated are true are	nt of State is accurate. Changes re and this report, including any ac and correct.	esentative, Receiver or		
City 9. The Registered Agent info Under penalty of perjury, I statements, and that all sta This report must be signed by either Name of Officer/Authorized	ormation of record with declare and affirm the atements contained in the President, Vice-President Representative	the RI Department I have examinated are true are	nt of State is accurate. Changes re red this report, including any ac nd correct. Secretary, Treasurer, duly Authorized Report	esentative, Receiver or		
City 9. The Registered Agent info Under penalty of perjury, I statements, and that all sta	ormation of record with declare and affirm the atements contained in the President, Vice-President Representative	the RI Department I have examinated are true are	nt of State is accurate. Changes re and this report, including any ac and correct.	esentative, Receiver or		

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