



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

- 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 21 A 11:03

1. Entity ID Number 941967		2. Exact name of the Corporation <i>National and international Community organization for the missionary organization nacional e internacional de cultor misioneros</i>	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>This organization work for the community and church.</i>	
4. NAICS Code 624190			
6. Principal Office Address 467 public st. APT. #1		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daire corton		Vice-President Name Mariano Valentin	
Street Address 467 public st. APT #1		Street Address 88 Cleveland St.	
City providence	State RI	City Central Falls	State RI
Zip 02907		Zip 02863	
Secretary Name Maibel Negrom		Treasurer Name Aguiteria marcano	
Street Address Washington st. central falls		Street Address 44 prescott st.	
City central falls	State R.I.	City Providence	State R.I.
Zip 02863		Zip 02907	
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 Daire corton		Director Name Mariano Valentin	
Street Address 467 public st.		Street Address 88 Cleveland St.	
City providence	State RI	City central falls	State RI
Zip 02907		Zip 02907	
Director Name Aguiteria marcano		Director Name Aguiteria marcano	
Street Address 44 prescott st.		Street Address 44 prescott st.	
City providence	State RI	City providence	State RI
Zip 02909		Zip 02909	
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 Daire corton			Date 06/21/2021
Signature of Officer/Authorized Representative Daire corton			

FILED

JUN 21 2021

BY *[Signature]* JUN 21 11:03

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