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

**Annual Report for the year:** 2020
**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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|---|---|
| 1. Entity ID Number: 792 665 | 2. Exact name of the Corporation: CASA de Adoracion 24-7 |
| 3. State of Incorporation: R.I | 5. Brief description of the character of business conducted in Rhode Island: Church Organization dedicate to Service Comunity and Nation |
| 4. NAICS Code: 813 110 | |

| | | | |
|---|---|---|---|
| 6. Principal Office Address: 289-E Chad Brown St. | City: Providence | State: R.I | Zip: 02908 |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| President Name: Pastora Sandra Cabral | | | | Vice-President Name: Miguelina Mejia Vina | | | |
| Street Address: 289 E Chad Brown St. | | | | Street Address: 74 FORD St. | | | |
| City: Providence | State: R.I | Zip: 02908 | | City: Providence | State: R.I | Zip: 02905 | |
| Secretary Name: Ivette Marengo | | | | Treasurer Name | | | |
| Street Address: 100 Broad St Apto. 1016 | | | | Street Address | | | |
| City: Providence | State: R.I | Zip: 02903 | | City | State | Zip | |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Director Name: Tamara J. Cabral | | | | Director Name: Tamara J. Cabral | | | |
| Street Address: 139 Albert AV. | | | | Street Address: 139 Albert AV. | | | |
| City: Cranston | State: R.I | Zip: 02905 | | City: Cranston | State: R.I | Zip: 02905 | |
| Director Name: Ivette Marengo | | | | Director Name | | | |
| Street Address: 100 Broad St. Apto - 1016 | | | | Street Address | | | |
| City: Providence | State: R.I | Zip: 02908 | | City | State | Zip | |

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: Sandra Cabral | Date: 6/29/21 |
| Signature of Officer/Authorized Representative: SANDRA CABRAL | **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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FORM 631 - Revised: 08/2020