



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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1. Entity ID Number <b>000793450</b>		2. Exact name of the Corporation <b>Fuente de Restauracion</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Performing Religious Services and preaching the Gospel of the Lord and Related Activities</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>119 River Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>Daysi Navarro</b>		Vice President Name <b>Julio Caro</b>	
Street Address <b>119 River Ave</b>		Street Address <b>299 Wolcott Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02842</b>	
Secretary Name <b>Emma Rodriguez</b>		Treasurer Name <b>Julio Caro</b>	
Street Address <b>51 Exchange St</b>		Street Address <b>299 Wolcott Ave</b>	
City <b>Milford</b>	State <b>MA</b>	City <b>Middletown</b>	State <b>RI</b>
Zip <b>01757</b>		Zip <b>02842</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>Emma Rodriguez</b>		Director Name <b>Julio Caro</b>	
Street Address <b>51 Exchange St</b>		Street Address	
City <b>Milford</b>	State <b>MA</b>	City	State
Zip <b>01757</b>			Zip
Director Name <b>Nilda Espinosa</b>		Director Name <b>Antonio Dominguez</b>	
Street Address <b>174 Englewood Ave Apt 2</b>		Street Address <b>119 River Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02908</b>	
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 <b>Daysi Navarro</b>			Date <b>6/30/21</b>
Signature of Officer/Authorized Representative			

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