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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 30 P 12:08

1. Entity ID Number	2. Exact name of the Corporation
000793450	Fuente de Restauracion
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Performing Religious services and preaching the Gospel of the Loard and Related Activities
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
119 River Ave	Providence	RI	02908

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

President Name	Vice-President Name
Daysi Navarro	Julio Caro
Street Address: 119 River Ave	Street Address: 299 Wolcott Ave
City: Providence State: RI Zip: 02908	City: Middletown State: RI Zip: 02842
Secretary Name: Emma Rodriguez	Treasurer Name: Julio Caro
Street Address: 51 Exchange st	Street Address: 299 Wolcott Ave
City: Milford State: MA Zip: 01757	City: Middletown State: RI Zip: 02842

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
Emma Rodriguez	Julio Caro
Street Address: 51 Exchange st	Street Address:
City: Milford State: Ma Zip: 01757	City: State: Zip:
Director Name: Hilda Espinoso	Director Name: Antonio Dominguez
Street Address: 174 Englewood Ave apt 2	Street Address: 119 River Ave
City: Pawtucket State: RI Zip: 02860	City: Providence State: RI Zip: 02908

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
Daysi Navarro	6/30/21

Signature of Officer/Authorized Representative

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

JUN 30 2021 12:08
KL XFB09

FORM 631 - Revised: 08/2020