



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. Corporate ID No.** 001702293

**2. Name of Corporation** Shalom Church Consortium International

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813110

**4. Principal Office Address**

No. and Street: 35 WELFARE AVENUE

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

- 1.- TO OPERATE AS A LOCAL AND INTERNATIONAL CHURCH MINISTRY.
- 2.- TO ACCEPT AFFILIATE CHURCHES UNDER OUR MINISTERIAL COVERAGE.
- 3.- CONDUCT AN ADULT BIBLE SCHOOL AND TRAINING CENTER, NATIONAL AND INTERNATIONAL.
- 4.- CONDUCT REGULAR RELIGIOUS WORSHIP SERVICES THROUGH VARIOUS FORMS OF

MUSIC MINISTRY, TEACHING AND PREACHING THE PRINCIPLES AS TAUGHT IN THE

BIBLE, PRAYER, THE LORD'S SUPPER, BAPTISMS, AND VARIOUS OTHER ELEMENTS  
AND  
TYPES OF SERVICES.

5.- TO HELP THE NEEDY BY PROVIDING FOOD, CLOTHING AND HOUSING.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SHEYNA L TRUJILLO	35 WELFARE AVE WARWICK, RI 02888 USA
DIRECTOR	HECTOR L TRUJILLO	35 WELFARE AVE. WARWICK, RI 02888 USA
DIRECTOR	YOVANA M ECHEVERRIA	133 BEACHMONT AVE CRANSTON, RI 02905 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SHEYNA VARGAS 35 WELFARE AVE. WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of July, 2021 at 9:41:59 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By SHEYNA TRUJILLO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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