



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. 001710414

2. Name of Corporation Instituto Misionero Galilea

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

4. Principal Office Address

No. and Street: 2148 MINERAL SPRING AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 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

ACTIVELY COLLABORATE WITH THE CATHOLIC CHURCH IN ITS MISSION TO EVANGELIZE AND DEFEND THE RIGHT TO LIFE, SO THAT THE WORD OF GOD CAN REACH EVERYONE IN THE STATE OF RHODE ISLAND, ESPECIALLY YOUNG PEOPLE AND FAMILIES IN CRISIS.

BUILD A RETREAT HOUSE, WHICH CONTRIBUTES TO OUR MAIN GOAL OF CREATING DISCIPLES TO PREACH AND SERVICE THE DIOCESE OF PROVIDENCE AND ALL ITS PARISHES. THE RETREAT HOUSE CAN BE UTILIZED TO CARRY OUT RETREATS AND ANY OTHER EVANGELIZING ACTIVITY, FOR THE PROMOTION OF FAMILY AS THE FUNDAMENTAL BASIS OF SOCIETY.

**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
INCORPORATOR	CANDIDA CASTILLO DR.	2148 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	CANDIDA CASTILLO DR.	2148 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	FRANCISCO LUGO	102 VERNDALE ST WARWICK, RI 02889 USA
DIRECTOR	JOSELIN ABREU	169 RUTHERGLEN PROVIDENCE, RI 02907 USA
DIRECTOR	MARIA BATISTA	34 WARRINGTON ST PROVIDENCE, RI 02907 USA
DIRECTOR	PEDRO BAEZ	454 LAUREN HILL AVE CRANSTON, RI 02920 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**

CANDIDA CASTILLO 2148 MINERAL SPRING AVE. NORTH PROVIDENCE , RI 02911

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

**Signed this 9 Day of July, 2021 at 11:21:12 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 CANDIDA CASTILLO  
Signature of Authorized Person

Form No. 631  
Revised 09/07