



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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 AUG 11 P 12:28

STAMP

1. Entity ID Number <b>001678987</b>		2. Exact name of the Corporation <b>Cursello de Pristimidad</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>organization of Christian Evangelization</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>45 Hollis dr</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Rosa E Rivas</b>		Vice-President Name <b>Onofre Jimenez</b>	
Street Address <b>45 - Hollens dr</b>		Street Address <b>75 Progress Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02909</b>	
Secretary Name <b>Criselda Heredia</b>		Treasurer Name <b>Onofre Jimenez</b>	
Street Address <b>36 Toronto Ave</b>		Street Address <b>Providence RI 02905</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence RI</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02909</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>Rosa E Rivas</b>		Director Name <b>Onofre Jimenez</b>	
Street Address <b>45 - Hollens dr</b>		Street Address <b>75 Progress Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02909</b>	
Director Name <b>Criselda Heredia</b>		Director Name	
Street Address <b>36 Toronto Ave</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Rosa E Rivas</b>		Date <b>8/11/2021</b>	
Signature of Officer/Authorized Representative <i>Rosa E Rivas</i>		<b>FILED</b>	

AUG 11 2021

BY *[Signature]* 12:30