



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR STATE 21

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.
 Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No. 518466		2. Exact name of the Corporation MINISTERIO EVANGELICO CAMINADO CON CRISTO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH FOR COMMUNITY SERVICE			
5. Principal office address 143 OXFORD ST.		City PROVIDENCE	State RI	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSE M. SANCHEZ			Vice-President Name		
Street Address 143 OXFORD ST.			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSE M. SANCHEZ			Director Name ARIEL A. SANCHEZ		
Street Address 143 OXFORD ST.			Street Address 143 OXFORD ST.		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Director Name THEODORA A. NUÑEZ			Director Name CLARISSA I. SANCHEZ		
Street Address 143 OXFORD ST.			Street Address 143 OXFORD ST.		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
8. REGISTERED AGENT IN RHODE ISLAND					

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This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 SEP 09 2021
 BY CA DRPDC

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.
JOSE SANCHEZ 9-9-2021
 Signature of Officer, Date
JOSE SANCHEZ
 Print or Type Name of Officer

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