RI SOS Filing Number: 202107363330 Date: 12/22/2021 3:54:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Non-Profit Corporation	2021

2021 DEC 22 PM 3: 50

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

				
1. Entity ID Number	2 Exact name of the Corporation	\		
168 3862	Conciliade	linisterio AOC		
3. State of Incorporation		r of business conducted in Rhode Isk	and)	
X-1	Kiknnie Ido		lone the forms	
4-NAICS Code	Januaros d M	Warrs of Sa	aprilip do	
0 3410	Mushasoca	$N_1 \cup N_2 \cup N_2 \cup N_3 \cup N_4 $		
6. Principal Office Address	+ 0 +	City	State Zip	
95 1615Sell	51 Sule 74	Providence	KI 03807	
7. List ALL officers (names and add	dresses)		k the box to indicate an attachment	
President Nam-	into E. Dlaz	Viee-President Name	ntiano	
Street Address 99 Ruk		Street Address	1000	
		311 1510NO	State Control	
Secretary Name +	345 1 19302	Crasinat Floral	25 B	
DENP DE	La CRUZ	Treasurer Name RMON	T. ROSatio	
Street Address	mg pp/#3	Street Address P. 0 130	1 2023	
and variano	State I (20905	CITY Providence	State I ZiB2905	
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.				
Director Name	5 ~ 1	Director Name 1	k the box to indicate an attachment	
Similar Day I/CL	E. 1) 10, 2,	JOSQ 11/10	rales	
Street Address Ruaby	ST AT PY	Street Address O Boy	1023	
PMV idence	State 7 282905	Praw dong	State RT 302905	
Director Name	CRUZ	Director Name	MSarin	
Street Address	CNHO DODAZ	Street Address 2. C C 1	51	
confrondence	SHIP T 202905	CONTRACTOR OF THE CONTRACTOR O	State Zin 2027	
	on of record with the P1 Department of	trovidon d	State 202907	
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 Repres		relary, Freasurer, dury Authorized Representab		
Kav. Sant	io & Diaz		Date	
Signature of Officer/Authorized Representative				
Lanto Clara-DE M DEC 29 2021				
MAIL TO:	7	1 1	,	
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615				
Phone: (401) 222-3040 " (
Website: www.sos.ri.gov)	FORM 631 - Revised: 08/2020	