



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2020

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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STAMP

1. Entity ID Number 1683862		2. Exact name of the Corporation Concilio De Ministerio AOC AM Inc. ITIL	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Universidad de Capellones, Preparando Hombres y Mujeres al Servicio de Nuestra Sociedad Con Amos Nuevos P.d. B. Bro. Cated.	
4. NAICS Code 813410			
6. Principal Office Address 95 Bissell St Suite 74		City Providence	State RI
		Zip 02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: ☐			
President Name Ben Santa E. Diaz		Vice-President Name Eugenio Santiago	
Street Address 99 Rugbyst. Apt F4		Street Address 315 Blanding Blvd	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Santa Dela Cruz		Treasurer Name CARMEN J. ROSARIO	
Street Address 22 Atlantic Ave Apt #3		Street Address P.O. Box 2023	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: ☐			
Director Name Santa E. Diaz		Director Name Jose Morales	
Street Address 99 Rugby St Apt F4		Street Address P.O. Box 2023	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Santa Dela Cruz		Director Name CARMEN ROSARIO	
Street Address 22 Atlantic Ave Apt #3		Street Address 95 Bissell St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02907	
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 Representative Rev. Santa E. Diaz		Date	
Signature of Officer/Authorized Representative [Signature]			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 08/2020