State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation
000034799	Movimiento Misionero Mundial, Inc. (World Wide Missionary Movement)
3. State of Incorporation: 1985 DC	5. Brief description of the character of business conducted in Rhode Island: religious organization
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
1016 7th St. S.E.	Washington	DC	20003

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: José Arturo Soto Benevides			Vice-President Name: Jorge Humberto Henau Lotero		
Street Address: 1016 7th St. S.E.			Street Address: 1016 7th St. S.E.		
City: Washington	State: DC	Zip: 20003	City: Washington	State: DC	Zip: 20003
Secretary Name: Rubén Concepción Báez			Treasurer Name: Luis Alberto Meza Bocanegra		
Street Address: 1016 7th St. S.E.			Street Address: 1016 7th St. S.E.		
City: Washington	State: DC	Zip: 20003	City: Washington	State: DC	Zip: 20003

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☑

Director Name: Rómulo Antonio Vergara Pabon			Director Name: Carlos Francisco Guerra Suárez		
Street Address: 1016 7th St. S.E.			Street Address: 1016 7th St. S.E.		
City: Washington	State: DC	Zip: 20003	City: Washington	State: DC	Zip: 20003
Director Name: José Clemente Vergara Pabon			Director Name: Alberto Ortega Reyes		
Street Address: 1016 7th St. S.E.			Street Address: 1016 7th St. S.E.		
City: Washington	State: DC	Zip: 2003	City: Washington	State: DC	Zip: 20003

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	Date
Carlos M. Recio	2/2/2022

Signature of Officer/Authorized Representative
Carlos M. Recio

FILED
2:18
FEB 02 2022
BY JMHØA

MAIL TO:
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: 11/2021

ADDITIONAL OFFICER ADDENDUM

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Carlos M. Recio	Assistant Secretary	1016 7th Street SE	Washington	DC	20003
Albert J. Rivera Ortiz	Director	1016 7th Street SE	Washington	DC	20003