Date: 4/4/2022 4:15:00 PM RI SOS Filing Number: 202214021310

State of Rhode Island

Department of State - Business Services Division R.J. L. CL. OF STATE Report for the year: RECEIVED

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

2022

2021 APR -5 P 4:10

-> 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	of the Corporation		1					
137/47			Fuego y Poder		uscristo				
3. State of Incorporation	5. Brief description	on of the character	r of business conducted in Rhode I	sland	<i>a</i> /				
RI	For BI	aftizing	, Preaching the	word e	7 GBL				
4. NAICS Code				•	,				
813110	HECY 1	N The E	Community.		i				
6. Principal Office Address	a / 11	. 0	City	State	Zip				
69 Bowdoin St		18	providence	RI	02909				
7. List ALL officers (names and add	iresses)		Check the box to indicate an attachment						
President Name CCISA M CO	or te z		Vice-President Name						
Street Address 69 Bowdom St			Street Address						
providence	State R.I	Zip 02904	City	State	Zip				
Secretary Name Desideria castro			Treasurer Name MIGNIL A Chot CUSquero						
Street Address 70 Bow doin of			Street Address 69 Bowdon 5+						
city providence	State R.1	Zip 0, Z909	CITY PROVIDENCE	State RI	Zip 02909				
8. List ALL directors (names and ad	Idresses). RI Corp	orations MUST lis			02/0/				
Director Name			Ch	neck the box to indicat	e an attachment				
31. 5-40.0	mar av	t <u>2.</u>	Director, Name Her MOSILO						
Street Address 69 Bowd 011	1 5t_		Street Address - 69 BOWDOIN ST						
city providence	State RI	Zip 02909	city rovide 2 a	Stale	2ip 2909				
Director Name			Director Name Glacia ATONO - 1 1000						
Street Address			Street Address & Dowdoin St						
City	State	Zip	Produce	State	Zip 200 Q				
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 declar	re and affirm that	I have examined	this report including any secon	re lling rom 64 i.					
The state of the state of state of the state	ica contamed tiet	rein are true and (correct.						
This report must be signed by either the Presi	sident, Vice-President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Represen	itative, Receiver or Trusts					
Name of Officer/Authorized Representative									
			141517	C 2 0 S					
Signature of Officer/Authorized Rep			FILED	<u>— </u>					
Themas 1100									

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: 08/2020