



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2022

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2022 MAY 27 AM 10:39

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001712419</b>		2. Exact name of the Corporation <b>Ministerio Evangelistico de la calle Dios te llama hoy</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Preach the word of God worldwide Help the homeless and people in need.</b>	
4. NAICS Code <b>831110</b>			
6. Principal Office Address <b>105 Higginson ave 2fl.</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Ramon Lopez</b>		Vice-President Name <b>Arelis Velazquez</b>	
Street Address <b>115 Sixth ave front</b>		Street Address <b>115 Sixth ave front</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woon</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02895</b>	
Secretary Name <b>Sandra Velasquez</b>		Treasurer Name <b>Antonio Morales</b>	
Street Address <b>81 Washington St</b>		Street Address <b>6 Beacon St</b>	
City <b>C.F.</b>	State <b>RI</b>	City <b>C.F.</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Ramon Lopez</b>		Director Name <b>Maria Pastors Perez</b>	
Street Address <b>115 Sixth ave front</b>		Street Address <b>948 Branch ave</b>	
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Prov.</b>	State <b>RI</b>
Zip <b>02895</b>		Zip <b>02904</b>	
Director Name <b>Arelis Velasquez</b>		Director Name	
Street Address <b>115 Sixth ave front</b>		Street Address	
City <b>Woonsocket</b>	State <b>RI</b>	City	State
Zip <b>02865</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <b>Maria Feliciano</b>			Date <b>5/27/22</b>
Signature of Officer/Authorized Representative 			<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAY 27 2022

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