



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JUL -8 A 9 26

1. Entity ID Number 1683862		2. Exact name of the Corporation Universidad Mundial de Capellanes y Teologia Arcami Int. Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preparando Hombres y Mujeres al Servicio de la Comunidad, Hospitales, Carceles, Empresas Publicas y Privadas.	
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 <input type="checkbox"/>			
President Name Santa E. Diaz		Vice-President Name Evelyn Santiago	
Street Address 99 Rugby St Apt. F4		Street Address 317 Blanding Blvd	
City Providence	State RI	City Tacson Park Florida	State FL
Zip 02905		Zip 32073	
Secretary Name Santa De la 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 <input type="checkbox"/>			
Director Name Santa E. Diaz		Director Name José 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 De la Cruz		Director Name	
Street Address 22 Atlantic Ave. Piso #3		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Rev. Santa E. Diaz		Date 7-8-22	
Signature of Officer/Authorized Representative 			

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

FILED
JUL 8 2022
BY MS NDPDK