



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year: 2022  
 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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 JUL -8 A 9:26

1. Entity ID Number <b>001073685</b>		2. Exact name of the Corporation <b>Iglesia Guerrerros De Dios Sin Fronteras Inc</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Community Services, Religious Services Chaplain Services, all entity, help Community.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address			
<b>95 Bissell St. Suite 74</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses)			
Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Santa E. Diaz</b>		Vice-President Name <b>Santa E. Diaz</b>	
Street Address <b>99 Rugby St. Apt. F4</b>		Street Address <b>99 Rugby St Suite 74</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Secretary Name <b>Santa F. De la Cruz</b>		Treasurer Name <b>Rafael Turbides</b>	
Street Address <b>22 Atlantic Ave. Floor 3</b>		Street Address <b>P O Box 2023</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
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 <b>Santa E. Diaz</b>		Director Name <b>Rafael Turbides</b>	
Street Address <b>99 Rugbyst. Apt. F4</b>		Street Address <b>P. O Box 2023</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Director Name <b>Santa F. De la Cruz</b>		Director Name	
Street Address <b>22 Atlantic Ave. Floor 3</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 <b>Santa E. Diaz, Reverenda (Chaplain)</b>			Date <b>7/8/22</b>
Signature of Officer/Authorized Representative <i>Santa E. Diaz</i>			<b>FILED</b>

JUL 8 2022  
 BY MS NDPDK 926