



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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

2023 JAN -3 PM 2:42

1. Entity ID Number 001733535		2. Exact name of the Corporation Broadcast Learning Group			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To propagate the Christian faith and spread the Gospel of Jesus Christ as revealed through the Holy Scriptures (The Holy Bible), & Teach Broadcast Educ			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 371 Putnam Pike STE 230		City Smithfield	State RI	Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MIGUEL ROSALES			Vice-President Name MARCOS NUNEZ		
Street Address 371 Putnam Pike STE 230			Street Address 371 Putnam Pike STE 230		
City	State	Zip	City	State	Zip
Secretary Name ANGELA MEDINA			Treasurer Name		
Street Address 371 Putnam Pike STE 230			Street Address		
City	State	Zip	City	State	Zip
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 MIGUEL ROSALES			Director Name MARCOS NUNEZ		
Street Address 371 Putnam Pike STE 230			Street Address 371 Putnam Pike STE 230		
City	State	Zip	City	State	Zip
Director Name ANGELA MEDINA			Director Name		
Street Address 371 Putnam Pike STE 230			Street Address		
City	State	Zip	City	State	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 MIGUEL ROSALES				Date 12/31/2022	
Signature of Officer/Authorized Representative <i>Miguel Rosales</i>					

FILED

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

JAN 03 2023
BY ML VASOJ
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