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RI DEPT. OF STATE
BUS SVCS DIV
2023 FEB -9 P 12:42

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.

1. Entity ID Number 941967		2. Exact name of the Corporation, <i>National and international unity organization for the missionary organization national e internacional de unity missionaries</i>			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island <i>This organization work for the community and Churches.</i>			
4. NAICS Code 624190					
6. Principal Office Address 467 public st. apt. #1		City providence	State R.I	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daire Corton			Vice-President Name Mariano Valentin		
Street Address 467 public st			Street Address 88 cleveland st.		
City providence	State R.I	Zip 02907	City central falls	State RI	Zip 02865
Secretary Name Mabel Negron central falls			Treasurer Name Agueria mariano		
Street Address washington st.			Street Address 44 perrott st.		
City central falls	State R.I	Zip 02863	City providence	State RI	Zip 02907
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 Daire Corton			Director Name Mariano Valentin		
Street Address 467 public st.			Street Address 88 cleveland st.		
City providence	State R.I	Zip 02907	City providence	State R.I	Zip 02909
Director Name Agueria mariano			Director Name Agueria mariano		
Street Address 44 perrott st.			Street Address 44 perrott st.		
City providence	State R.I	Zip 02909	City providence	State R.I	Zip 02909
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.					
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 Daire Corton				Date 2/9/2023	
Signature of Officer/Authorized Representative Daire corton				FILED 1247 FEB 09 2023 BY DV4CF	