



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

1. Entity ID Number 941 967		2. Exact name of the Corporation. <i>National and international unity organization for the missionary organization national & international 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) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Daire Corton		Vice-President Name Imanious Valentin	
Street Address 467 public St.		Street Address 88 Cleveland St.	
City providence	State R.I.	City central falls	State RI Zip 02865
Secretary Name Mabel Negron central falls		Treasurer Name Agustina Mancano	
Street Address Washington St.		Street Address 44 perrott St.	
City central falls	State R.I.	City providence	State R.I. Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Daire Corton		Director Name Imanious Valentin	
Street Address 467 public St.		Street Address 88 Cleveland St.	
City providence	State R.I.	City Agustina (providence)	State R.I. Zip 02909
Director Name Agustina Mancano		Director Name Agustina Mancano	
Street Address 44 perrott St.		Street Address 44 perrott St.	
City providence	State R.I.	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		FEB 09 2023 BY DUYCF	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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