



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

→ 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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1. Entity ID Number 001705238		2. Exact name of the Corporation Ministerio Rescadores De Nombres "Rescatando Las Almas Para Cristo"	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preach the word of God	
4. NAICS Code 813110			
6. Principal Office Address 53 Salmon St Apt 303		City Providence	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Karinel Perez		Vice-President Name Lucesita Perez	
Street Address 53 Salmon St Apt 303		Street Address 146 Woodbine St	
City Providence	State RI Zip 02909	City Pawtucket	State RI Zip 02860
Secretary Name Nelson Perez		Treasurer Name Nelson Perez Vega	
Street Address 6 George St		Street Address 6 George St	
City Pawtucket	State RI Zip 02860	City Pawtucket	State RI Zip 02860
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 Caridad Gonzalez		Director Name Christian Emanuel Hernandez	
Street Address 560 Prospect St Apt 417		Street Address 53 Salmon St Apt 303	
City Pawtucket	State RI Zip 02860	City Providence	State RI Zip 02909
Director Name Lucesita Perez		Director Name Christian Hernandez Dominguez	
Street Address 146 Woodbine St		Street Address 53 Salmon St Apt 303	
City Pawtucket	State RI Zip 02860	City Providence	State RI 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 Karinel Perez		Date 28/feb/2023	
Signature of Officer/Authorized Representative Karinel Perez		FEB 28 2023	

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