



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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
BUSINESS DIV.

2023 MAR 30 P 2:07

1. Entity ID Number <u>000272268</u>		2. Exact name of the Corporation <u>MISION CRISTIANA DE RESTAURACION CASA DEL ALFARERO OF RHODE ISLAND / THE POTTER'S HOUSE RESTORATION CHRISTIAN MISSION</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>OF RHODE ISLAND WORSHIP, MINISTRY, EVANGELISM, FELLOWSHIP AND DISCIPLESHIP</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>89 STANSBURY ST</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>DANIEL WEST</u>			Vice-President Name		
Street Address <u>89 Stansbury St</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			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 <u>Daniel West</u>			Director Name <u>MARVIN DE PAZ</u>		
Street Address <u>89 Stansbury St</u>			Street Address <u>50 FRUIT HILL AVE</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>EDUARDO MENDEZ</u>			Director Name		
Street Address <u>ST RALPH ST #1</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>DANIEL WEST</u>					Date <u>3/30/23</u>
Signature of Officer/Authorized Representative 					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

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