



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

RECEIVED
RI DEPT. OF STATE
BUSINESS DIV.

2023 MAR 30 P 2:07

1. Entity ID Number 000272268		2. Exact name of the Corporation MISSION CRISTIANA DE RESTAURACION CASA DEL ALFARERO OF RHODE ISLAND / THE POTTER'S HOUSE RESTORATION CHRISTIAN MISSION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island OF RHODE ISLAND WORSHIP, MINISTRY, EVANGELISM, FELLOWSHIP AND DISCIPLESHIP	
4. NAICS Code 813110			
6. Principal Office Address 89 STANSBURY ST		City PROV	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL WEST		Vice-President Name	
Street Address 89 Stansbury St		Street Address	
City PROV	State RI	City	State
Zip 02908		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DANIEL WEST		Director Name MARVIN DE PAZ	
Street Address 89 Stansbury St		Street Address 50 FRUIT HILL AVE	
City PROV	State RI	City PROV	State RI
Zip 02908		Zip 02909	
Director Name EDUARDO MENDEZ		Director Name	
Street Address 81 RALPH ST #1		Street Address	
City PROV	State RI	City	State
Zip 02909		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.			
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 DANIEL WEST		Date 3/30/23	
Signature of Officer/Authorized Representative 		FILED MAR 30 2023	