RI SOS Filing Number: 202333446270 Date: 4/20/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	

APR 2 9 2023

→ 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	2 Evant name of	the Corporation			· · · · · · · · · · · · · · · · · · ·		
000788571	2. Exact name of the Corporation MINSTERIOS NUEVO PACTO CENTRO DE CONVENCIONES						
State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO ESTABLISH A CONGREGATION FOR BIBLICAL TEACHING AND						
4. NAICS Code	WORKSHIP IN THE NAME OF GOD.						
813110							
6. Principal Office Address			City	State	Zip		
1080 NEWPORT AVENUE			PAWTUCKET	RI	02861		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name VICTOR A VARGAS Y VARGAS			Vice-President Name LILIAN VARGAS				
Street Address 2 BURATTI ROAD			Street Address 2 BURATTI ROAD				
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON	State RI	^{Z_{ip}} 02919		
Secretary Name JACQUELINE M	OLINA		Treasurer Name MARIA MONTALVO				
Street Address 141 HILL STREET		Street Address 124 ERASTUS STRET APTO 2					
City SMITHFIELD	State RI	^{Zip} 02917	City PROVIDENCE	State RI	^{Zip} 02908		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name EMILIO CAMEY			Director Name SONIA CAMEY				
Street Address 96 LINCOLN AVENUE			Street Address 96 LINCOLN AVENUE				
City CENTRAL FALLS	State RI	^{Zip} 02863	City CENTRAL FALLS	State RI	^{Zip} 02863		
Director Name GIANCARLO MOLINA			Director Name VICTOR A VARGAS Y VARGAS				
Street Address 14 HILL STREET			Street Address 2 BURATTI ROAD				
^{City} SMITHFIELD	State RI	^{Zip} 02917	City JOHNSTON	State RI	^{Zip} 02919		
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 decla statements, and that all stateme			d this report, including any acco i correct.	mpanying schedul	es and		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Truston.							
Name of Officer/Authorized Representative LILIAN VARGAS			april 4, 2023				
Signature of Officer/Authorized Representative							
Filian Vargas							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov