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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1. Entity ID Number	2. Exact name of the Corporation
001699379	Centro Cristiano Sanando Corazones
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: This is a Non-Profit Church, we teach the Gospel to the Comunity, about Faith and Belive in Jesus Christ. We help with Food and Clothes to the poor and heal peoples.
4. NAICS Code: Religious 813110 Organizat	

6. Principal Office Address	City	State	Zip
97 Larch St Apt 4	East Providence	RI	02914

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Hilda I Toyenst			Vice-President Name: Nancy Ramirez		
Street Address: 97 Larch St #4			Street Address: 196 Burnside St #2		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02905
Secretary Name: Damaris Javier			Treasurer Name: LoLa Paulino		
Street Address: 97 Larch St #2			Street Address: 1395 Broad St #2		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02905

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: Hilda I Toyenst			Director Name: Nancy Ramirez		
Street Address: 97 Larch St #4			Street Address: 196 Burnside St 2		
City: East Providence	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02905
Director Name: LoLa Paulino			Director Name:		
Street Address: 1395 Broad St 2			Street Address:		
City: Providence	State: RI	Zip: 02905	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.

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	Date
Hilda I. Toyenst	6-5-2023

Signature of Officer/Authorized Representative: Hilda I Toyenst

FILED
JUN 05 2023
BY JKEB.
11:30

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 04/2023