



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.

1. Entity ID Number 000505081		2. Exact name of the Corporation Centro de Capellanes Cristianos Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To prepare people to work for the community as volunteers and work as chaplains and counseling.	
4. NAICS Code 624190			
6. Principal Office Address 207 Ohio Ave.		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Marisol Ramos		Vice President Name Glorayma Ramos	
Street Address 2511 Luther RD Apt. 535		Street Address 207 Ohio Ave.	
City Punta Gorda	State FL	City Providence	State RI
Zip 33983		Zip 02905	
Secretary Name Jeanette Corcuera		Treasurer Name Jeanette Corcuera	
Street Address 1307 Cranston St. Apt. 1R		Street Address 1307 Cranston St. Apt. 1R	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Marisol Ramos		Director Name Glorayma Ramos	
Street Address 2511 Luther RD Apt. 535		Street Address 207 Ohio Ave.	
City Punta Gorda	State FL	City Providence	State RI
Zip 33983		Zip 02905	
Director Name Jorge L. Pizarro		Director Name	
Street Address 207 Ohio Ave.		Street Address	
City Providence	State RI	City	State
Zip 02905		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 Glorayma Ramos		FILED	Date 7-20-2023
Signature of Officer/Authorized Representative <i>[Signature]</i>		JUL 24 2023 SN 4SK	

MAIL TO:
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