



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 <b>000505081</b>		2. Exact name of the Corporation <b>Centro de Capellanes Cristianos Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To prepare people to work for the community as volunteers and work as chaplains and counseling.</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>207 Ohio Ave.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Marisol Ramos</b>			Vice President Name <b>Glorayma Ramos</b>		
Street Address <b>2511 Luther RD Apt. 535</b>			Street Address <b>207 Ohio Ave.</b>		
City <b>Punta Gorda</b>	State <b>FL</b>	Zip <b>33983</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Jeanette Corcuera</b>			Treasurer Name <b>Jeanette Corcuera</b>		
Street Address <b>1307 Cranston St. Apt. 1R</b>			Street Address <b>1307 Cranston St. Apt. 1R</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Marisol Ramos</b>			Director Name <b>Glorayma Ramos</b>		
Street Address <b>2511 Luther RD Apt. 535</b>			Street Address <b>207 Ohio Ave.</b>		
City <b>Punta Gorda</b>	State <b>FL</b>	Zip <b>33983</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Jorge L. Pizarro</b>			Director Name		
Street Address <b>207 Ohio Ave.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Glorayma Ramos</b>			FILED		Date <b>7-20-2023</b>
Signature of Officer/Authorized Representative 			JUL 24 2023 SN 4SK		

MAIL TO:  
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