



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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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BUS SVCS DIV

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1. Entity ID Number 000532973		2. Exact name of the Corporation MISION EVANGELICA MONTE SINAI PENTECOSTES			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SERVE THE COMMUNITY WITH THE PRINCIPLES OF THE LORD			
4. NAICS Code 813110					
6. Principal Office Address 513 DEXTER STREET			City PROVIDENCE	State RI	Zip 02907
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name EUGENIO RAMOS ORTIZ			Vice-President Name		
Street Address 25 SEABURY STREET APT 1			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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 EUGENIO RAMOS ORTIZ			Director Name FRANCISCO PANJOJ RAMOS		
Street Address 25 SEABURY STREET APT 1			Street Address 150 LINWOOD AVENUE APT 3		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name MANUEL RAMOS ORTIZ			Director Name		
Street Address 841 PORTTER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	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.					
<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 EUGENIO RAMOS ORTIZ					Date 8-21-23
Signature of Officer/Authorized Representative <i>Eugenio Ramos Ortiz</i>					

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

FILED

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FORM 631 - Revised: 04/2023