



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>00170473</u>		2. Exact name of the Corporation <u>Iglesia Cristiana Somos Mas Que Vencedores, Inc</u>		2023 OCT 23 P 12:51	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preach the word of God</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>981 Mineral Spring Ave</u>		City <u>North Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jose R Ramirez</u>			Vice-President Name		
Street Address <u>75 track st</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02905</u>	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 <u>Jose R Ramirez</u>			Director Name <u>Alex Reynoso Diaz</u>		
Street Address <u>75 track st</u>			Street Address <u>1 Eric Pl.</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>North Providence</u>	State <u>RI</u>	Zip <u>02914</u>
Director Name <u>Karin R Ramirez</u>			Director Name		
Street Address <u>75 track st</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	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 <u>Jose R Ramirez</u>				Date <u>10/23/23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				FILED 101	

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

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BY A3C213