



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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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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> | |
| 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 Trask St</u> | | Street Address | |
| City <u>PROV.</u> | State <u>RI</u> | Zip <u>02905</u> | City |
| 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 Trask St</u> | | Street Address <u>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>02911</u> |
| Director Name <u>Karin R Ramirez</u> | | Director Name | |
| Street Address <u>75 Trask 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. | | | |
| <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 <u>Jose R Ramirez</u> | | | Date <u>10/23/23</u> |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | |

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OCT 23 2023

BY AJCZB

MAIL TO:
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