RI SOS Filing Number: 202444734930 Date: 1/25/2024 11:41:00 AM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2014
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	2. Exact name of the Corporation
000584730	Bridges of Hope International Ministries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CHURCH
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
242 FOURTH AVENUE	WOONSOCKET	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Marcos Gonzalez	Vice-President Name: Zaida Lopez
Street Address: 1 Brayton Ct	Street Address: 242 Fourth Ave
City: Cumberland / State: RI / Zip: 02864	City: Woonsocket / State: RI / Zip: 02895
Secretary Name: Amarilis Casanova	Treasurer Name:
Street Address: 40 Bourbon BLVD	Street Address:
City: Woonsocket / State: RI / Zip: 02898	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 ☐

Director Name: marcos Gonzalez	Director Name: Zaida Lopez
Street Address: 1 Brayton Ct	Street Address: 242 Fourth Ave
City: Cumberland / State: RI / Zip: 02864	City: Woonsocket / State: RI / Zip: 02895
Director Name: Amarilis Casanova	Director Name:
Street Address: 40 Bourbon Blvd	Street Address:
City: Woonsocket / State: RI / Zip: 02898	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: Zaida Lopez — Date: **01/25/2024**

Signature of Officer/Authorized Representative: Zaida Lopez

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
11:41
JAN 25 2024
BY ML V2H95

FORM 631- Revised. 12/2023