



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2012
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. SERVICES DIV.

2024 JAN 25 AM 11:39

1. Entity ID Number 000584730		2. Exact name of the Corporation 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 242 FOURTH AVENUE			City WOONSOCKET	State RI	Zip 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 02895	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 02895	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

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BY ML V2H 95

FORM 631- Revised 12/2023