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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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 001699379		2. Exact name of the Corporation Centro Cristiano Sanando Corazones	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This is a Non-Profit Church, we teach The Gospel to the Comunity, About Faith and Belive in Jesus Christ. We help with food and clothes to the poor and heal them	
4. NAICS Code Religious Organizatio 813110			
6. Principal Office Address 95 Larch St #8		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Hilda I. Toyenst		Vice-President Name Nancy Ramirez	
Street Address 95 Larch St #8		Street Address 196 Burnside St #2	
City East Providence	State RI	City Providence	State RI
Zip 02914		Zip 02905	
Secretary Name Damaris Javier		Treasurer Name Lola Paulino	
Street Address 97 Larch St #2		Street Address 1395 Broad St #2	
City East Providence	State RI	City Providence	State RI
Zip 02914		Zip 02905	
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 Hilda I Toyenst		Director Name Nancy Ramirez	
Street Address 95 Larch St #8		Street Address 196 Burnside St #2	
City East Providence	State RI	City Providence	State RI
Zip 02914		Zip 02905	
Director Name Lola Paulino		Director Name	
Street Address 1395 Broad St #2		Street Address	
City Providence	State RI	City	State
Zip 02905		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Hilda I. Toyenst			Date 2/14/24
Signature of Officer/Authorized Representative <i>Hilda I Toyenst</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED
FEB 14 2024
BY *K. J. W.*
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at 12:23