



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.

REC'D RIDGOS BSD
24 FEB 21 AM 10:49:48

1. Entity ID Number <u>1701673</u>		2. Exact name of the Corporation <u>Iglesia Cristiana Somos Mas Que Vencedores Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preach the word of God</u>			
4. NAICS Code <u>813130</u>					
6. Principal Office Address <u>75 Trask st</u>			City <u>Prov.</u>	State <u>RI</u>	Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Karin 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	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>Alex Reynoso Diaz</u>			Director Name <u>Jose R.</u>		
Street Address <u>1 Eric Pl</u>			Street Address <u>75 Trask st</u>		
City <u>N.P</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Prov</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>Jessica Reynoso Diaz</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.					
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>Karin Ramirez</u>					Date <u>02/21/24</u>
Signature of Officer/Authorized Representative <u>Karin Ramirez</u>					

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

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BY ML E4 ATK FORM 631- Revised: 04/2023