



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.

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1. Entity ID Number <u>174-6670</u>		2. Exact name of the Corporation <u>American Christian Chaplains</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Christian leadership development</u>			
4. NAICS Code <u>813100</u>					
6. Principal Office Address <u>49 Florence St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Edgar Diaz</u>		Vice-President Name			
Street Address <u>49 Florence St</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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>Edgar Diaz</u>		Director Name <u>Pablo Gonzalez</u>			
Street Address <u>49 Florence St</u>		Street Address <u>35 Hillhurst Ave</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Sandra Tuche</u>		Director Name			
Street Address <u>49 Florence St</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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>Edgar Diaz</u>				Date <u>2/21/24</u>	
Signature of Officer/Authorized Representative 				<div style="text-align: center;">FEB 21 2024 BY <u>lwyzw</u></div>	

MAIL TO:
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