



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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 RIDGGS BSD  
24 FEB 21 PM 12:47:36

1. Entity ID Number <u>1746670</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). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>	
Director Name <u>Sandra TucheZ</u>		Director Name	
Street Address <u>49 Florence St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

M<sup>7</sup> FILED 1240  
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BY lwzaw