



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 001705238		2. Exact name of the Corporation MINISTERIO Pescadores De Hombres "Rescatando las Almas Para Cristo"	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island - Preach the word of God - Give Free food to those in need, Help the Diambuntes, visit in hospitals, prisons, Rehabilitation Places; help people by providing chaplain service; help those who are homeless or need	
4. NAICS Code 813110			
6. Principal Office Address 53 Salmon St. Apt 303		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Karinel Pérez González		Vice-President Name Lucesita Pérez González	
Street Address 53 Salmon St. Apt 303		Street Address 746 Woodbine St.	
City Providence	State RI	City Pawtucket	State RI
Zip 02909		Zip 02860	
Secretary Name Nelson G. Pérez González		Treasurer Name Caridad González Cortes	
Street Address 6 George St.		Street Address 560 Prospect St. Apt 47	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Nelson Pérez Vega		Director Name Christian Hernández Domínguez	
Street Address 560 Prospect St. Apt 47		Street Address 53 Salmon St. Apt 303	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Caridad González Cortes		Director Name Christian Emanuel Hernández Pérez	
Street Address 560 Prospect St. Apt 47		Street Address 53 Salmon St. Apt 303	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02909	
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 Karinel Pérez González			Date May 2, 2024
Signature of Officer/Authorized Representative <i>Karinel Pérez González</i>			

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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FORM 631- Revised: 04/2023

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