



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 RIDOS BSD
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1. Entity ID Number <u>000795332</u>		2. Exact name of the Corporation <u>Centro De Liberacion y Avivamiento, Inc</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preach the Gospel of Jesus Christ, and Also serve and help the Community by Providing Spiritual guidance and Community Services</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>9 Portland Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Rev. Roberto Ramirez</u>		Vice-President Name <u>Rev. MARIA Quinonez</u>	
Street Address <u>370 Buttonwoods ave</u>		Street Address <u>370 Buttonwoods ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>Haydeeli Gonzalez</u>		Treasurer Name <u>Jose Gonzalez</u>	
Street Address <u>370 Buttonwoods ave</u>		Street Address <u>370 Buttonwoods ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Rev. Roberto Ramirez</u>		Director Name <u>Haydeeli Gonzalez</u>	
Street Address <u>370 Buttonwoods ave</u>		Street Address <u>370 Buttonwoods ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
Director Name <u>Rev. Maria Quinonez</u>		Director Name	
Street Address <u>370 Buttonwoods ave</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State <u>RI</u> 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>MARIA Quinonez</u>			Date <u>6/25/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MS FILED 1221

JUN 24 2024

BY 0080e

MAIL TO:
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