



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 001734089		2. Exact name of the Corporation Angel Cajigas Ministries			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Ministrie			
4. NAICS Code 813110					
6. Principal Office Address 26 manhattan st			City Providence	State R.I.	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Angel Cajigas			Vice-President Name		
Street Address 26 manhattan st			Street Address		
City Providence	State R.I.	Zip 02904	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 Angel Cajigas			Director Name Rossier Cajigas Arbelo		
Street Address 26 manhattan st			Street Address 26 manhattan st		
City Providence	State R.I.	Zip 02904	City Providence	State R.I.	Zip 02904
Director Name Trisha M. Cajigas Arbelo			Director Name		
Street Address 26 manhattan st			Street Address		
City Providence	State R.I.	Zip 02904	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 Angel Cajigas					Date 7-1-2024
Signature of Officer/Authorized Representative 					

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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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