RI SOS Filing Number: 202457532620 Date: 7/1/2024 2:26:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: **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	2. Exact name of	the Corporation			
001734089	Auge Caligas Ministries				
3. State of Incorporation  Rhode T.Sland			of business conducted in Rho	ode Island	
4. NAICS Code	NAICS Code Ministrie				
813110					
6. Principal Office Address 26 Marhattan St			City	State	Zip
			Providence	R.L	02904
7. List ALL officers (names and add	fresses)	·	Check the box to indicate an attachment		
President Name A Novel Casi 9 as			Vice-President Name		
Street Address 26 was het fax 5+			Street Address		
City Providence	State R.7	Zip 07-904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and ad	ddresses). RI Com	orations MUST lis		eck the box to indicate	an attachment
Director Name Angel Carigas			Director Name Rossvier Caiges Arbelo		
Street Address 26 mar hattar 5+			Street Address 26 manh- Ha 5+		
	attan a				
	State R. J.	Zip 07904	City Providence	State 7	Zip 82.904
26 mark	State . ].	2ip 07-904 Avle/0	City )	Signe 7	
City Providence Director Name Trisha M Street Address 2	State 7,	12ip 07904 A, Le/0	City Providence	Sinte 7	
City Providence Director Name Trisha M	State 7,	2ip 07904 Avle/0	Director Name	State State	
Director Name Trisha M Street Address 26 Manh	State	107904 Avle/0 Zip 07904	Director Name  Street Address  City	State	Zip
Director Name Trisha M Street Address 26 Manh City Providency	State State R. T.  In of record with the re and affirm that	Zip 07904 e RI Department of thave examined	Director Name  Street Address  City  of State is accurate. Changes in this report, including any and any any and any and any any and any any and any any and any and any any any any and any	State require filing Form 64	Zip
Director Name Trisha M  Street Address 26 Manh  City Providency  9. The Registered Agent information  Under penalty of perjury, I declar	State S. T.  State T.  State T.  on of record with the re and affirm that into contained here.	Zip 07904 e RI Department of these examined rein are true and	Director Name  Street Address  City  of State is accurate. Changes in this report, including any accorrect.	State require filing Form 6- ccompanying sche	Zip 41. dules and
City Providence  Director Name Trisha M  Street Address  City Providence  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statements	State State State State Con of record with the re and affirm that into contained he sident, vice-President, sident, sident, vice-President, sident, sident, vice-President, sident, si	Zip 07904 e RI Department of these examined rein are true and	Director Name  Street Address  City  of State is accurate. Changes in this report, including any accorrect.	State require filing Form 64 ccompanying sche- resentative, Receiver or To	Zip 41. dules and
City Providence Director Name Trisha M Street Address 26 Manh City Providence  9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements. This report must be signed by either the Presentation.	State State State State Con of record with the re and affirm that into contained he sident, vice-President, sident, sident, vice-President, sident, sident, vice-President, sident, si	Zip 07904 e RI Department of these examined rein are true and	Director Name  Street Address  City  of State is accurate. Changes in this report, including any accorrect.	State require filing Form 6- ccompanying sche- resentative, Receiver or To	Zip 41. dules and
City Providence Director Name Trisha M Street Address 26 Manh City Providence  9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements. This report must be signed by either the Presentation.	State  Cay's - 5  Flate State State T:  In of record with the re and affirm that ints contained he sident, vice-President, sentative	Zip 07904 e RI Department of these examined rein are true and	Director Name  Street Address  City  of State is accurate. Changes in this report, including any accorrect.	State require filing Form 64 ccompanying sche- resentative, Receiver or To	Zip 41. dules and

Division of Business Services 148 W. River Street, Presidence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

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