



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>001734089</b>		2. Exact name of the Corporation <b>Angel Cajigas Ministries</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Ministrie</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>26 manhattan st</b>			City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Angel Cajigas</b>			Vice-President Name		
Street Address <b>26 manhattan st</b>			Street Address		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>	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 <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Angel Cajigas</b>			Director Name <b>Rossuieria Cajigas Arbelo</b>		
Street Address <b>26 manhattan st</b>			Street Address <b>26 manhattan st</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>
Director Name <b>Trisha M. Cajigas Arbelo</b>			Director Name		
Street Address <b>26 manhattan st</b>			Street Address		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>	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.					
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 <b>Angel Cajigas</b>					Date <b>7-1-2024</b>
Signature of Officer/Authorized Representative 					<b>FILED 225</b>
					<b>III - 1 2024</b>

BY U4TJ6

MAIL TO:  
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