



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 <b>000271534</b>	2. Exact name of the Corporation <b>International Federation of Christian Chaplains,</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND TRAIN CHRISTIAN CHAPLAINS FOR HOSPITALS, PRISONS AND OTHER PLACES WHERE NEEDED TO PROMOTE MINISTERS WITH FIVE OR MORE YEARS OF MINISTRY TO BECOME CERTIFIED CHRISTIAN CHAPLAINS TO BUILD A TEAM OF MINISTERS NATIONAL AND INTERNATIONAL TO BECOME CHAPLAINS TO VISIT HOSPITALS, PRISONS, ELDERLY HOMES, ORPHANAGES, PLACES OF TRAGEDY, ETC. TO PROVIDE MINISTERIAL CHAPLAIN CERTIFICATION AND CREDENTIALS TO MINISTERS AND CHRISTIAN LEADERS WORLDWIDE. TO PROMOTE EVANGELISTIC EVENTS NATIONAL AND INTERNATIONAL. TO HELP POOR PEOPLE IN THE UNITED STATES AND OTHER COUNTRIES OF THE WORLD. TO TRAIN CHRISTIAN MINISTERS AND LAY CHRISTIANS FOR THE MINISTRY.
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>38 Chaffee Street</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. Mynor A. Vargas</b>			Vice-President Name		
Street Address <b>3 Hi View Dr.</b>			Street Address		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sheyna Trujillo</b>			Director Name <b>Luis F. Leon</b>		
Street Address <b>35 Welfare Ave</b>			Street Address <b>32 Rye St.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Anibal Hernandez</b>			Director Name		
Street Address <b>39 Glenbridge Ave</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</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>Mynor A. Vargas</b>	Date <b>8/14/24</b>
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Signature of Officer/Authorized Representative 	<b>FILED</b>
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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 601-01-0000-02/2023  
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