



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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 RIDG BSO
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1. Entity ID Number 000505706		2. Exact name of the Corporation Crown Theological Seminary			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To spread the gospel of Jesus Christ locally and Internationally. Conduct a Christian School of Leadership through the internet. Recognizing ministers that have more that 5 years with religious honorary degrees.			
4. NAICS Code 813110					
6. Principal Office Address 38 Chaffee Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Rev. Mynor A. Vargas			Vice-President Name		
Street Address 3 Hi View Dr.			Street Address		
City Hope	State RI	Zip 02831	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 Sheyna Trujillo			Director Name Luis F. Leon		
Street Address 35 Welfare Ave			Street Address 32 Rye St.		
City Warwick	State RI	Zip 02888	City Providence	State RI	Zip 02909
Director Name Anibal Hernandez			Director Name		
Street Address 39 Glenbridge Ave			Street Address		
City Providence	State RI	Zip 02909	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 Mynor A. Vargas					Date 8/14/24
Signature of Officer/Authorized Representative 					FILED

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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BY
FORM 631 - Revised 12/2023