



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2020

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>000505706</b>	2. Exact name of the Corporation <b>Crown Theological Seminary</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>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.</b>
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>
Signature of Officer/Authorized Representative 	<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

AUG 15 2024  
**BY SWH**  
FORM 331 Revised 12/2023