



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.

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1. Entity ID Number <u>001654233</u>		2. Exact name of the Corporation <u>Ministerios Casa Revelacion Oasis</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>This corporation is organized and operated exclusively for religious purposes within the meaning of Section 501-C-3</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>99 Tell St</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Alexis Rodriguez</u>		Vice-President Name <u>Carla Ruiz</u>	
Street Address <u>99 Tell St</u>		Street Address <u>99 Tell St</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u> Zip <u>02909</u>
Secretary Name <u>Irmarie Padilla</u>		Treasurer Name	
Street Address <u>107 South St</u>		Street Address	
City <u>South bridge</u>	State <u>MA.</u>	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 ☐			
Director Name <u>Irmarie Padilla</u>		Director Name <u>Bernice Peña</u>	
Street Address <u>107 South St</u>		Street Address <u>30 Cory Ave</u>	
City <u>South bridge</u>	State <u>MA.</u>	City <u>Cranston</u>	State <u>R.I.</u> Zip <u>02920</u>
Director Name <u>Victor Viruet</u>		Director Name	
Street Address <u>107 South St</u>		Street Address	
City <u>South bridge</u>	State <u>MA.</u>	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 <u>Alexis Rodriguez</u>			Date <u>8/15/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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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AUG 15 2024

FORM 631 - Revised: 04/2023

BY [Signature]