



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number 001754229		2. Exact name of the Corporation VIDA ABUNDANTE INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 689 CRANSTON ST		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Santos N. Escobar		Vice-President Name Joel Correa	
Street Address 685 Cranston St.		Street Address 356 Hawkins St.	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02904	
Secretary Name Lilian M. Escobar		Treasurer Name Marvin Del Cid	
Street Address 30 Sunrise Dr.		Street Address 127 Webster St.	
City Providence	State RI	City Pawtucket	State RI
Zip 02908		Zip 02861	
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 SANTOS NELSON ESCOBAR		Director Name GUILLERMO DUBON	
Street Address 685 CRANSTON ST		Street Address 55 FOREST LANE	
City PROVIDENCE	State RI	City EAST GREENWICH	State RI
Zip 02907		Zip 02818	
Director Name YESSENIA SALAZAR		Director Name MARVIN F DEL CID	
Street Address 112 MERINO ST		Street Address 127 WEBSTER STREET	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02909		Zip 02861	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 JUAN ANTONIO ROSALES			Date 10/30/24
Signature of Officer/Authorized Representative <i>[Signature]</i>			BY D1APA

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