



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025

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 <u>1693193</u>		2. Exact name of the Corporation <u>100PMI ARCA DE REFUGIO</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>167 admiral ST</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Fidel Antonio MERINO</u>			Vice-President Name <u>Silvia Yanira Andaso</u>		
Street Address <u>167 admiral ST</u>			Street Address <u>167 admiral ST</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>Aura Arvalo</u>			Treasurer Name <u>Carmen Bermudez</u>		
Street Address <u>95 Harold ST</u>			Street Address <u>80 Curtis</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
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 <u>Marie E Gonzales</u>			Director Name <u>Selvin Ortiz</u>		
Street Address <u>13 Sears AV</u>			Street Address <u>139 River ST</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>Niobis Bonilla</u>			Director Name		
Street Address <u>40 Ansel AV</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</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>FIDEL A MERINO</u>				Filed	Date <u>3/6/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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