



State of Rhode Island
Department of State - Business Services Division

REC'D
25 MAR 2025 11:48:55

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 <u>1693193</u>		2. Exact name of the Corporation <u>IDDPMI 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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Secretary Name <u>Aura Arcvalo</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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</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>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</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>	City	State
Zip <u>02907</u>		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>		MAR 06 2025 BY <u>X5161</u> <u>152</u> <u>KJ</u>	

MAIL TO:
Division of Business Services
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