



State of Rhode Island
Department of State - Business Services Division

RECORDED
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Annual Report for the year: 2023
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 1693193		2. Exact name of the Corporation IDDPMI ARCA DE REFUGIO			
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 167 admiral ST			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fidel Antonio MERINO			Vice-President Name Silvia Yanira Andaso		
Street Address 167 admiral ST			Street Address 167 admiral ST		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Aura Arcvalo			Treasurer Name Carmen Bermudez		
Street Address 95 Harold ST			Street Address 80 Curtis		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
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 Marie E Gonzales			Director Name Selvin Ortiz		
Street Address 13 Sears AV			Street Address 139 River ST		
City PROVIDENCE	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Niobis Bonilla			Director Name		
Street Address 40 ansel AV			Street Address		
City Providence	State RI	Zip 02907	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 FIDEL A MERINO				FILED	Date 3/6/2025
Signature of Officer/Authorized Representative <i>[Signature]</i>				MAR 06 2025 X5104	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov