



State of Rhode Island
Department of State - Business Services Division

RECORDED
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Annual Report for the year: 2021

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	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Aura Arvalo		Treasurer Name Carmen Bermudez	
Street Address 95 Harold ST		Street Address 80 Curtis	
City Providence	State RI	City Providence	State RI
Zip 02908		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	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Niobis Bonilla		Director Name	
Street Address 40 ansel AV		Street Address	
City Providence	State RI	City	State
Zip 02907		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 		MAR 06 2025 XSTBY	

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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