



State of Rhode Island  
Department of State - Business Services Division

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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 <b>1693193</b>		2. Exact name of the Corporation <b>1DDPMI ARCA DE REFUGIO</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>167 admiral ST</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Fidel Antonio MERINO</b>		Vice-President Name <b>Silvia Yanira Andaso</b>			
Street Address <b>167 admiral ST</b>		Street Address <b>167 admiral ST</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Aura Arvalo</b>		Treasurer Name <b>Carmen Bermudez</b>			
Street Address <b>95 Harold ST</b>		Street Address <b>80 Curtis</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Marie E Gonzales</b>		Director Name <b>Selvin Ortiz</b>			
Street Address <b>13 Sears AV</b>		Street Address <b>139 River ST</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Niobis Bonilla</b>		Director Name			
Street Address <b>40 ansel AV</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>FIDEL A MERINO</b>			FILED		Date <b>3/6/2025</b>
Signature of Officer/Authorized Representative 			MAR 06 2025 <b>XSTBY</b>		

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

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