



State of Rhode Island
Department of State - Business Services Division

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.

RI DOS MADE EDITS PER FILER

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1. Entity ID Number <u>1678987</u>		2. Exact name of the Corporation <u>Cursillo de cristianidad</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>christian Evangelization</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>21 SPokane Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <u>Victoria Santana</u>			Vice-President Name <u>Cristina Mendez</u>		
Street Address <u>21 SPokane St</u>			Street Address <u>17 Anthony St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <u>Ylonka Jimenez</u>			Director Name <u>Victoria Santana</u>		
Street Address <u>75 Progres St</u>			Street Address <u>same as above</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Director Name <u>Cristina mendez</u>			Director Name		
Street Address <u>same as above</u>			Street Address		
City	State	Zip	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>Victoria Santana</u>					Date <u>4/24/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

FILED

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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BY ML

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FORM 631- Revised: 12/2023