**State of Rhode Island**
**Department of State - Business Services Division**

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**Annual Report for the year:** 2024
**Non-Profit Corporation**

RI DOS MADE EDITS PER FILER

→ 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 | 2. Exact name of the Corporation |
|---|---|
| 1678987 | Cursillo de Cristiandad |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Christian Evangelization |
| 4. NAICS Code: 813110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 21 Spokane Street | Providence | RI | 02904 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Victoria Santana | Cristina Mendez |
| Street Address: 21 Spokane St | Street Address: 17 Anthony St |
| City: Providence; State: RI; Zip: 02904 | City: Providence; State: RI; Zip: 02907 |
| **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. — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Ylonka Jimenez | Victoria Santana |
| Street Address: 75 Progres St | Street Address: same as above |
| City: Providence; State: RI; Zip: 02909 | City; State; Zip |
| Director Name: Cristina mendez | Director Name |
| Street Address: same as above | 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 | Date |
|---|---|
| Victoria Santana | 4/24/25 |

Signature of Officer/Authorized Representative: Victoria Santana

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BY ML 44T20

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 631- Revised: 12/2023