



State of Rhode Island  
Department of State - Business Services Division

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.

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1. Entity ID Number <u>1678987</u>		2. Exact name of the Corporation <u>Cursillo de cristiandad</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Ylanka 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.					
<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>					
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>					

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

FORM 631- Revised 12/2023