



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000271534

2. Name of Corporation International Federation of Christian Chaplains

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 38 CHAFFEE STREET

38 CHAFFEE

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROMOTE AND TRAIN CHRISTIAN CHAPLAINS FOR HOSPITALS, PRISONS AND OTHER PLACES WHERE NEEDED. TO PROMOTE MINISTERS WITH FIVE OR MORE YEARS OF MINISTRY TO BECOME CERTIFIED CHRISTIAN CHAPLAINS. TO BUILT A TEAM OF MINISTERS NATIONAL AND INTERNATIONAL TO BECOME CHAPLAINS TO VISIT HOSPITALS, PRISONS, ELDERLY HOMES, ORPHANAGES, PLACES OF TRAGEDY, ETC. TO PROVIDE MINISTERIAL CHAPLAIN CERTIFICATION AND CREDENTIALS TO MINISTERS AND CHRISTIAN LEADERS WORLDWIDE. TO

PROMOTE EVANGELISTIC EVENTS NATIONAL AND INTERNATIONAL. TO HELP POOR PEOPLE IN THE UNITED STATES AND OTHER COUNTRIES OF THE WORLD. TO TRAIN CHRISTIAN MINISTERS AND LAY CHRISTIANS FOR THE MINISTRY.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	REV. MYNOR A. VARGAS	3 HI VIEW DRIVE HOPE , RI 02831 USA
DIRECTOR	LUIS FERNANDO LEON	32 RYE STREET PROVIDENCE, RI 02909 USA
DIRECTOR	SHEYNA L TRUJILLO	35 WELFARE AVE. WARWICK, RI 02888 USA
DIRECTOR	MYNOR A VARGAS	3 HI VIEW DRIVE HOPE, RI 02831 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MYNOR A. VARGAS 38 CHAFFEE STREET PROVIDENCE , RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of May, 2025 at 1:18:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MYNOR VARGAS
Signature of Authorized Person

Form No. 631
Revised 09/07