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

**Annual Report for the year:** 2025
**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 | 2. Exact name of the Corporation |
|---|---|
| 001733185 | Congregacion Cristo la Vida |
| **3. State of Incorporation** | **5. Brief description of the character of business conducted in Rhode Island** |
| RI | To establish and oversee places of worship, conduct the work of evangelism, create departments necessary to support missionary activities. |
| **4. NAICS Code** | |
| 813110 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 37 Rowan ST | Providence | RI | 02908 |

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

| President Name | Vice-President Name |
|---|---|
| Soraida Decamps | Nelson Decamps Junior |
| Street Address: 259 Lenox Av | Street Address: 37 Rowan ST |
| City: Providence State: RI Zip: 02907 | City: Providence State: RI Zip: 02908 |
| **Secretary Name** | **Treasurer Name** |
| Brenda Masiel Acosta | Clorinos Chacon |
| Street Address: 17 Steuben St | Street Address: 37 Rowan St |
| City: Providence State: RI Zip: 02909 | City: Providence State: RI Zip: 02908 |

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 |
|---|---|
| Soraida Decamps | Nelson Decamps Junior |
| Street Address: 259 Lenox Av | Street Address: 37 Rowan st |
| City: Providence State: RI Zip: 02907 | City: Providence State: RI Zip: 02908 |
| **Director Name** | **Director Name** |
| Brenda Masiel Acosta | Clorinos Chacon Rojas |
| Street Address: 17 Steuben st | Street Address: 37 Rowan St |
| City: Providence State: RI Zip: 02909 | City: Providence State: RI Zip: 02908 |

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 |
|---|---|
| Soraida Decamps | 05/19/2025 |

Signature of Officer/Authorized Representative

Soraida Decamps

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

**FILED**
11:56
MAY 19 2025
BY JENNY

FORM 631- Revised 12/2023