



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 MAY 29 PM 2:00:35

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 <u>518466</u>		2. Exact name of the Corporation <u>MINISTERIO EVANGELICO CAMINANDO CON CRISTO</u>	
3. State of Incorporation <u>R.I</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH FOR COMMUNITY SERVICE</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>11 BAILEY CT. # 1</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOSE' M. SANCHEZ</u>		Vice-President Name	
Street Address <u>11-BAILEY CT. # 1</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name <u>ELIA GIL DURAN</u>		Treasurer Name	
Street Address <u>155 CRAWSTON ST.</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>JOSE' M. SANCHEZ</u>		Director Name <u>ARIEL A. SANCHEZ</u>	
Street Address <u>11 BAILEY CT. # 1</u>		Street Address <u>11-BAILEY CT. # 1</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
Director Name <u>ELIA GIL DURAN</u>		Director Name <u>CLARISSA I. SANCHEZ</u>	
Street Address <u>155 CRAWSTON ST.</u>		Street Address <u>11-BAILEY CT. # 1</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>JOSE' SANCHEZ</u>			Date <u>5-29-2025</u>
Signature of Officer/Authorized Representative <u>Jose Sanchez</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

FILED
MAY 29 2025
BY B9D/KG
FORM 631 - Revised 12/2023
EG