



State of Rhode Island
Department of State - Business Services Division

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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>001699379</u>		2. Exact name of the Corporation <u>Centro Cristiano Sanando Corazones</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>This is a Non-Profit Church, we teach the Gospel to the Community, About Faith and Believe in Jesus We help with food and clothes to the poor and heal them</u>	
4. NAICS Code <u>Religious Organization</u> <u>813110</u>			
6. Principal Office Address <u>95 Larch St #8</u>		City <u>East Providence</u>	State <u>R.I.</u>
		Zip <u>02914</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Hilda I. Toyenst</u>		Vice-President Name <u>Nancy Ramirez</u>	
Street Address <u>95 Larch St #8</u>		Street Address <u>196 Burnside St #2</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02905</u>	
Secretary Name <u>Damaris Javier</u>		Treasurer Name <u>Lola Paulino</u>	
Street Address <u>61 Federal St #2</u>		Street Address <u>1395 Broad St #2</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02905</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>Hilda I. Toyenst</u>		Director Name <u>Nancy Ramirez</u>	
Street Address <u>95 Larch St #8</u>		Street Address <u>196 Burnside St #2</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02905</u>	
Director Name <u>Lola Paulino</u>		Director Name	
Street Address <u>1395 Broad St #2</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02905</u>		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 <u>Hilda I. Toyenst</u>		FILED	Date <u>7/8/25</u>
Signature of Officer/Authorized Representative <u>Hilda I. Toyenst</u>		JUL 08 2025 AWT/PM BY <u>1058</u> <u>E</u>	

MAIL TO:
Division of Business Services
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