State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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: 1073685	2. Exact name of the Corporation: Ig. Guerreros De Dios Sin Fronteras, Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Community Services Religious Services Chaplain Services, Helpful entity in the Comunity
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
95 Bissel St Suite 74	Providence	RI	02907

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

President Name	Street Address	City	State	Zip
Santa E. Diaz	99 Rugby St Apt. F4	Providence	RI	02905

Vice-President Name	Street Address	City	State	Zip
Santa E. Diaz	99 Rugby St Apt F4	Providence	RI	02905

Secretary Name	Street Address	City	State	Zip
Doriumel Acosta De Trinidad	P O Box 2023	Providence	RI	02905

Treasurer Name	Street Address	City	State	Zip
Santa De la Cruz	22 Atlantic Ave Piso # 3	Providence	RI	02905

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Santa E Diaz	99 Rugby St Apt F4	Providence	RI	02905
Nathanael Tinidad	P O Box 2023	Providence	RI	02905
Santa De La Cruz	22 Atlantic Av. Piso # 3	Providence	RI	02905

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	FILED	Date
Santa E. Diaz		7/07/2025

Signature of Officer/Authorized Representative: [signature]

JUL 08 2025
TAX # 1AV2V
BY [signature]

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

FORM 631- Revised 12/2023