



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUL 8 PM 1:25:30

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 1683862		2. Exact name of the Corporation Universidad Mundial de Capellanía y Teología ADCA/MT	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PRE PARA HOMBRES Y MUJERES de SERVICIOS de la COMUNIDAD, Hospitales, Carceles, Empregos Publicos y Privados, De Saster etc.	
4. NAICS Code 813410			
6. Principal Office Address 95 BISSSELL ST Suite 74		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Santa E. Diaz		Vice-President Name Evelyn Santiago	
Street Address 99 Rugby St Apt F4		Street Address 3173 Standing Brook Thompson Park	
City Providence	State RI	City Florida	State FL
Zip 02907		Zip 3207	
Secretary Name Santa De la Cruz		Treasurer Name Carmen J Rosario	
Street Address 22 Atlantic Ave Apt #3		Street Address PO Box 2023	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
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 Santa E Diaz		Director Name Jase Morales	
Street Address 99 Rugby St Apt F4		Street Address PO Box 2023	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Santa De la Cruz		Director Name	
Street Address 22 Atlantic Ave Apt #3		Street Address	
City Providence	State RI	City	State
Zip 02905		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.			
<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 Santa E. DIAZ		FILED	Date
Signature of Officer/Authorized Representative <i>Santa Elena Diaz</i>		JUL 08 2025	
		H8X2Q	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov