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	2. Exact name of the Corporation
792 665	Casa de Adoracion 24/7
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Church Organization dedicate to Service Community and Nation
4. NAICS Code: 813-110	

6. Principal Office Address	City	State	Zip
289-E Chad Brown St.	Providence	RI	02908

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

President Name	Vice-President Name
Pastora Sandra Cabral	Puro Robles Medina
Street Address: 289-E Chad Brown St.	Street Address: 289-E Chad Brown St.
City: Providence State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02908
Secretary Name: Ivette Smarengo	**Treasurer Name**
Street Address: 100 Broad St. Apto-520	Street Address
City: PROVIDENCE State: RI Zip: 02903	City State Zip

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
Puro Robles Medina	Ceferina Vinas
Street Address: 289-E Chad Brown St	Street Address: 100 ATwel Apt. 912
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02903
Director Name: Ivette Smarengo	**Director Name**
Street Address: 100 Broad St. apt-520	Street Address
City: Providence State: RI Zip: 02908	City State 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	Date
Sandra Cabral	
Signature of Officer/Authorized Representative	
SANDRA CABRAL	

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
JUL 09 2025
BY GBHDG

FORM 631- Revised: 12/2023