RI SOS Filing Number: 202577795550 Date: 8/22/2025 3:01:00 PM

State of Rhode Island
Department of State - Business Services Division

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FOR
STATE 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	2. Exact name of the Corporation
001720875	MINISTERIO CRISTIANO CASA SOBRE LA ROCA
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	PRAYER MEETING AND HELP PEOPLE IN NEED
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
796 ATWOOD AVENUE	CRANSTON	RI	02920

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

President Name			Vice-President Name		
Jorge M Rosa					
Street Address			Street Address		
234 Unit St.					
City	State	Zip	City	State	Zip
Providence	RI	02909			
Secretary Name			**Treasurer Name**		
Street Address			**Street Address**		
City	State	Zip	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		
ROSA CASTANEDA			DELMI YUDITH ESTRADA		
Street Address			Street Address		
35 RILL STREET			264 UNIT STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908	PROVIDENCE	RI	
Director Name			**Director Name**		
JORGE MARIO ROSA					
Street Address			**Street Address**		
234 UNIT STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			

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
Jorge Rosa	8/22/2025

Signature of Officer/Authorized Representative

FILED 3:01P

AUG 22 2025

BY J2C9B

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