



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 MAY 27 AM 10:39

- 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 001712419		2. Exact name of the Corporation Ministerio Evangelistico de la calle Dios te llama hoy	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preach the word of God worldwide Help the homeless and people in need.	
4. NAICS Code 831110			
6. Principal Office Address 105 Higginson ave 2fl.		City Lincoln	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ramon Lopez		Vice-President Name Arelis Velazquez	
Street Address 115 Sixth ave front		Street Address 115 Sixth ave front	
City Woonsocket	State RI	Zip 02895	City Woon
			State RI
			Zip 02895
Secretary Name Sandra Velasquez		Treasurer Name Antonio Morales	
Street Address 81 Washington St		Street Address 6 Beacon St	
City C.F.	State RI	Zip 02863	City C.F.
			State RI
			Zip 02863
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 Ramon Lopez		Director Name Maria Pastors Perez	
Street Address 115 Sixth ave front		Street Address 948 Branch ave	
City Woonsocket	State RI	Zip 02895	City Prov.
			State RI
			Zip 02904
Director Name Arelis Velasquez		Director Name	
Street Address 115 Sixth ave front		Street Address	
City Woonsocket	State RI	Zip 02865	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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Maria Feliciano			Date 5/27/22
Signature of Officer/Authorized Representative 			FILED

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

MAY 27 2022

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