RI SOS Filing Number: 202339023150 Date: 7/3/2023 4:00:00 PM

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	State of Rhode Is
	Department of
Annual	Report for the y
Non-Pr	ofit Corporation
→ Filing	period: February 1 - N
→ Filing	Fee: \$20.00

State of Rhode Island

Department of State - Business Services Division

al Report for the year:

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 JUL -3 P 2: 22

ling period: February 1 - May 1

Penalty: Additional \$25.00 fee if form is not filed by May 31.

			····				
1. Entity ID Nymber	2. Exact name of the Corporation Phodist Chur Hispauic First Free methodist Chur Hispauic						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island RUIGIOUS SERVICES						
4. NAICS Code 813110							
6 Principal Office Address 17-Navra 9au	sett ave	City P	puidence	State	2ip D2907		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
Rev. teofilo Jimenez			Vice-President Name Marja De Lacru Z.				
65 CDVINTU 54			Street Address 206 Baker St.				
Providence	State Zip D29	07 CT	vo vidence	State	7290		
Secretary Name Rer Duran			argen Lina Dlivo				
Street Address Advet			346 auburn st				
Eny providence	State R I Zip 29	05 CIN	ranston.	State Z	10291D		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name JO 105CQ IMC462			Director Name / Santaua				
Street Address 157 Benedict St			TO Greywood ave.				
CIDOVIdence	State Zip D29	707 City	ranstou	Slave	7291D		
			Director Name				
Street Address LYVACE AVE.			Street Address				
Eranston.	Siate Zip D29	09 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 ROUTODID JIMENEZ			7/03/2023				
Signature of Officer/Authorized Representative FILED							
MAIL 70: 7111. 0.3.2023							

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: 04/2023