

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.				 	 		
l, Corporate ID No.	2. Name of Corporation						
106618	International	International Pentecostal Ministry The New Day					
3. State of Incorporation	1 '	4. Corporate address in Rhode Island - Street Address			02840		
Rhode Island		3 Beech Tree st			Zip		
5. Foreign corporation. Enter principal office address			City	State	Σιρ		
5. Brief Description of the cha	racter of the affairs which	are actually conducted in Rhod	de Island	at a second fictions			
To preach and ministry	y the gospel of Jesu	schrist to all people via a	any means of communicat	tion present and future.			
- NAMES AND ADDR	BEEFE OF THE OFF	ICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING ATT	TACHMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA			Vice President Name	Vice President Name			
President Name Carmen Villafane			Wayne Chapman				
Street Address			Street Address				
3 Beech Tree st			18 Ranger st				
City	State	Zip	Cīty	State	Zip		
Newport	R. I.	02840	Newport	R. I.	02840		
Secretary Name			Treasurer Name				
Nellie Cancel			Awilda Ojeda				
Street Address			Street Address				
10 west Evans st			14 John H Chafee Blvd				
City	State	Zip	City	R. I.	02840		
Newport	R. I.	02840	Newport				
8. NAMES AND ADDR	ESSES OF THE DIR	ECTORS: ("X" BOX FOR A	INACHMENT) TILL IN S	PACES BEFORE USING AT	UPPR (3). R.I.G.L. 7-6-23		
	RECTORS OF A DO	MESTIC (RHODE ISLAN	Director Name	LL MOT HE ELSS TIME TO	<u>HREE</u> (3). R.I.G.L. 7-6-23		
Director Name							
Carmen Villafane			Nellie Cancel Street Address				
Street Address			10 west Evans st				
3 Beech Tree st	State	Zip	City	State	Zîp		
City	R. I.	02840	Newport	R. I.	02840		
Newport Director Name		02040	Director Name	······································			
Awilda Ojeda							
Street Address			Street Address				
14 John H Chafee	Blvd						
City	State	Zip	City	State	Zip		
Newport	R. I.	02840	l				
9. REGISTERED AGE		ND					
			of State. Changes require fili	ng of Form 641 - R.I.G.L. 7-	-6-13 <i>1</i> 7-6-78		
This reno	er must be signed by	either the President, Vic-	e President, Secretary, Ass	istant Secretary, Treasurer,	Receiver or Trustee		

	FI	LED "
ile Date Check No	JUN	2 2010
neck No By	, cu	1660

106618

report, including any accompanying schedules and s	statements, and that all
statements contained herein are true and correct.	
Comen Fillasons	<i></i>
Signature of Officer Carmen Villatane	Date
Printer Type Name of Officer	
Title of Officer	Form 631 Rev 09/17

Under penalty of perjury, I declare and affirm that I have examined this