



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

2012

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No 699080		2. Exact name of the Corporation Ministerios de Sanidad y Esperanza, Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Preaching of Gospel (Bible)			
5. Principal office address 807 Broad St. Suite GMV320		City Providence		State RI	Zip 02907
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Teddy Gotsis		Vice-President Name None			
Street Address 25 King St.		Street Address			
City Hillside	State NJ	Zip 07205	City	State	Zip
Secretary Name Martha Gotsis		Treasurer Name Gladys Savino			
Street Address 25 King St.		Street Address 734 E. Scott Av			
City Hillside	State NJ	Zip 07205	City Rahway	State NJ	Zip 07095
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name TEDDY GOTSI		Director Name GLADYS SAVINO			
Street Address 25 KING ST.		Street Address 734 E. SCOTT AV			
City HILLSIDE	State NJ	Zip 07205	City RAHWAY	State NJ	Zip 07065
Director Name MARTHA E GOTSI		Director Name LUIS D MARTINEZ			
Street Address 25 KING ST		Street Address 807 BROAD ST. SUITE GMV320			
City HILLSIDE	State NJ	Zip 07205	City RHODE ISLAND	State PROV. OFFICE	Zip
. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 16 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

TEDDY GOTSI
 Print or Type Name of Officer