



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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 CHRISTIAN bible MINISTRY For Teaching, Preaching AND Health Education	
5. Principal office address 31 NORWICH AVE		City PROVIDENCE	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Teddy Gotsis		Vice-President Name Gladys Savino	
Street Address 25 King St		Street Address 734 EAST SCOTT AVE	
City Hillside	State NJ	City RAHWAY	State NJ
Zip 07205		Zip 07065	
Secretary Name MARtha E. Gotsis		Treasurer Name Gladys Savino	
Street Address 25 KING ST		Street Address 734 EAST SCOTT AVE	
City Hillside	State NJ	City RAHWAY	State NJ
Zip 07905		Zip 07065	
7. 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 Gotsis		Director Name Gladys Savino	
Street Address 25 King St		Street Address 734 EAST SCOTT AVE	
City Hillside	State NJ	City RAHWAY	State NJ
Zip 07205		Zip 07065	
Director Name MARtha E Gotsis		Director Name	
Street Address 25 King St		Street Address	
City Hillside	State NJ	City	State
Zip 07205		Zip	
8. 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

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED

AUG 27 2012

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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.

Teddy Gotsis 8/21/12
 Signature of Officer Date

Teddy Gotsis
 Print or Type Name of Officer

PRESIDENT
 Title of Officer