



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 2013

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. 000508598		2. Exact name of the Corporation RHEMA MINISTRY			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES			
5. Principal office address 297 GROVE ST		City PROVIDENCE		State RI	Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAFAEL RIJOS		Vice-President Name ABIGAIL RIJOS			
Street Address 297 GROVE STREET		Street Address 297 GROVE STREET			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name MARIA LAINES		Treasurer Name FREDDY MELGAR			
Street Address 297 GROVE STREET		Street Address 18 HARVEST ST			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02907
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 YOLANDA PEREZ		Director Name MARIA LAINES			
Street Address 297 GROVE STREET		Street Address 297 GROVE STREET			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Director Name RAFAEL RIJOS		Director Name ABIGAIL RIJOS			
Street Address 297 GROVE STREET		Street Address 297 GROVE STREET			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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

JUL 29 2013

CA 202696

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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.

Signature of Officer

RAFAEL RIJOS

Print or Type Name of Officer

PRESIDENT

Title of Officer

07-29-2013

Date