



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 JUL 29 PM 1:00

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

CR 202696

1:09

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 **07-29-2013**

RAFAEL RIJOS

Print or Type Name of Officer

PRESIDENT

Title of Officer