



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 106618		2. Exact name of the Corporation International Pentecostal Ministry The New Day			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To preach and ministry the gospel of Jesuchrist to all people via any means.			
5. Principal office address 3 Beech tree st		City Newport		State R.I.	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carmen Villafañe		Vice-President Name Nellie Cancel			
Street Address 3 Beech tree st		Street Address 10 West Evans st			
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Secretary Name Maritza A Morocho		Treasurer Name Awilda Ojeda			
Street Address 24 John H Chafee Blvd		Street Address 195 Admiral kalbfus rd apt 16c			
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
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 Carmen Villafañe		Director Name Nellie Cancel			
Street Address 3 Beech Tree st		Street Address 10 West Evans st			
City Newport	State R.I.	Zip 02840	City Newport	State R.I.	Zip 02840
Director Name Awilda Ojeda		Director Name			
Street Address 195 Admiral Kalbfus rd apt 16c		Street Address			
City Newport	State R.I.	Zip 02840	City	State	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Carmen Villafañe 6/2/2014
Signature of Officer or Authorized Representative Date

Carmen Villafañe
Print or Type Name of Officer or Authorized Representative