

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

2015

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.	2. Exact name of the Corporation	
1. Enuty to 140.	2. Exact hame of the Corporation	
201000000	M	1 0 - 21
201008487	MINISTERIO Ja	nando Corazonez 24-7
3. State of Incorporation	 Brief description of the character of but 	siness conducted in Rhode Island
	I Preach and	to conference healing heart
K	tru lan un	
5. Principal office address	tru the Wo	City / State Zip
475 Schoo	154	City Pawtucket State Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)		
President Name (/ ^ / /	AND ADDIES SESTINATION ROLLAR	Vice-President Name
Hilda	I loyenst	Deborah Quinonez
Street Address		Street Address
475 Schoo	1.5+760+4/2	48 Monica Road
City)	State Zip	City State Zip
Yawtucket	RT 07860	Corand Island NX 14072
Secretary Name	(3	Treasurer Name
Deborah	Quinonez	Deborah Quinonez
Street Address) /	Street Address
148 Monica K	4	48 Monica Rd
	State Zip	City State Zip
Corand Island	NY 14072	Grand Island NY 14077
7. LIST ALL DIRECTORS (NAME	S AND ADDRESSES). RHODE ISLAND	CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
("X" BOX FOR ATTACHMENT)		the principal section of the contract of the c
Director Name	T Tour ch	Director Name
नग्विव	1 loyenst	Deburah Quinonez
Street Address	<1 JUIN	Street Address
City	State	City State Izin
Dauty ket	State ZIP 02860	
Director Name A	7	Ovand Island NY 14077
Nancy	Kanurez	N ()
Street Address	Tacion C	Street Address
194 B Burr	iside St #2	
	State Zip	City State Zip 2 27
Providence	KI 02905	1 RAC
8. REGISTERED AGENT IN RHOI	DEISLAND	
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		. P₹
		23 < m
	FUED (Under penalty of perjury, I declare and affirm that I have examined
File Date	FILED FILED	this report, including any accompanying schedules and statements.
i di aparti daman karang bilang d	er i Kelo	and that all statements contained herein are true and correct.
Check No	JAN 0 6 2016	DIVI At
By:	3 0 0 2010	- Huda U. Jayerst 116/16
	11. 21.1711	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE U	SE ON 1/1/ AUY 145	- 11:11 + +
		Itilda I . loyenst
Form No. 631		Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014