



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

2016 JUN - 9 AM 9:45
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE*

1. Entity ID Number		2. Exact name of the Corporation	
128136		International churches Development Christian Ministry	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		Founding congregations, preaching the gospel of Jesus music producers and reaching out Homeless	
5. Principal Office Address		City	State
18 Teumseh st Apt. 4		Providence	RI
		Zip	02906
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Santo E. Caraballo Baéz		Santa J. Caraballo	
Street Address		Street Address	
2 Acorn st Apt 2		2 Acorn st. Apt 2	
City	State	City	State
New Britain	CT	New Britain	CT
Zip	06051	Zip	06051
Secretary Name		Treasurer Name	
Yolanda Pérez		Luis Maldonado	
Street Address		Street Address	
73 Ridge St.		15 Bell court Apt B1	
City	State	City	State
Providence	RI	East St Hartf.	CT.
Zip	02909	Zip	06051
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Juan Acevedo		Luis Rivera	
Street Address		Street Address	
18 Teumseh st Apt. 4		15 Prospect st	
City	State	City	State
Providence	RI	New Britain	CT
Zip	02906	Zip	06051
Director Name		Director Name	
Felipe Rivera			
Street Address		Street Address	
57 Texas Drive			
City	State	City	State
New Britain	CT		
Zip	06051	Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative		Date	
Santo E. Caraballo		6/9/16	
Signature of Officer/Authorized Representative			
Santo E. Caraballo			

FILED

JUN 09 2016

By 276239