RI SOS Filing Number: 201629066970 Date: 12/22/2016 4:00 PM

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

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Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000100614	Ministerio Internacional Reino De Fe
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To organize missionary work here + Abroad By preaching and teaching the full gospel of Jesus Christ, to establish radio + Tv programs Sunday Bible schools Bible institutes + christian training centers

5. Principal Office Address	City	State	Zip
166 Ortoleva Dr	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Byron E Mendez			Vice-President Name: Aaron Mendez		
Street Address: 166 Ortoleva Dr			Street Address: 166 Ortoleva Dr		
City: Prov	State: RI	Zip: 02909	City: Prov	State: RI	Zip: 02909
Secretary Name: Lesvia J Rojas			Treasurer Name: Arleen K Mendez		
Street Address: 104 Unit St			Street Address: 166 Ortoleva Dr		
City: Prov	State: RI	Zip: 02909	City: Prov	State: RI	Zip: 02909

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Ramon Vasquez			Director Name: Carlos O Rojas		
Street Address: 9 Norris St			Street Address: 104 Unit St		
City: Pawt	State: RI	Zip: 02860	City: Prov	State: RI	Zip: 02909
Director Name: Elena Vasquez			Director Name:		
Street Address: 9 Norris St			Street Address:		
City: Pawt	State: RI	Zip: 02860	City:	State:	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Arleen K Mendez	12/22/16

Signature of Officer/Authorized Representative: Arleen K Mendez SIGN DOCUMENT HERE

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BY 291471

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
146658-2-1150758

FORM 631 - Revised: 05/2016

KM