



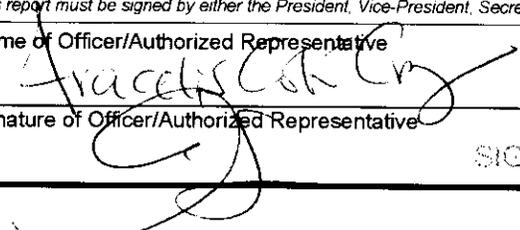
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

Annual Report for the year: 2008
 Non-Profit Corporation

2017 FEB 17 AM 10:11

- 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 127124		2. Exact name of the Corporation New Life International Ministries			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal Office Address 65 Exchange Street			City Pawtucket	State RI	Zip 02860
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Cruz Jr.			Vice-President Name		
Street Address 306 Power Road			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 William Cruz Sr.			Director Name Nancy Fernandini		
Street Address 16 Nathaniel Avenue			Street Address 16 Nathaniel Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Jamaira Cruz			Director Name		
Street Address 18 Nathaniel Avenue			Street Address		
City Pawtucket	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.					
<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 2/16/17	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED 10:11 AM

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

FEB 17 2017
 BY C 14294914
 KUM
 FORM 631 - Revised: 05/2016