



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit CorporationRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

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- 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 <u>001657980</u>		2. Exact name of the Corporation <u>Ministries Service Center / Centro de Servicios Ministeriales</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Serve churches with a ministry of hope</u>	
5. Principal Office Address <u>66 Commodore ST</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rev. Israel Mercedes</u>		Vice-President Name <u>Rev. David Rodriguez</u>	
Street Address <u>66 Commodore ST</u>		Street Address <u>32 KINFIELD Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02909</u>	
Secretary Name <u>Fredy Disla</u>		Treasurer Name	
Street Address <u>20 Brand St. apt. 612</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02907</u>		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 <u>Rev. Israel Mercedes</u>		Director Name <u>Fredy Disla</u>	
Street Address <u>66 Commodore ST</u>		Street Address <u>20 Brand St. apt. 612</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02907</u>	
Director Name <u>Rev. David Rodriguez</u>		Director Name	
Street Address <u>32 KINFIELD ST</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02909</u>		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 <u>Rev. Israel Mercedes</u>		Date <u>3-9-17</u>	
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

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FORM 631 - Revised: 05/2016

MAIL TO:

Division of Business Services

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