



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

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.

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 BUS SVCS DIV

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

SIGN DOCUMENT HERE

FILED c

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