



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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|--|--------------------|--|--------------------|
| 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 the churches with a ministry of hope</u> | |
| 5. Principal Office Address <u>66 Commodore ST</u> | | City <u>Prov</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 Grand 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 Grand St. apt. 612</u> | |
| City <u>Prov. R</u> | State <u>RI</u> | City <u>Prov.</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>Prov.</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. | | | |
| <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 <u>Rev. Israel Mercedes</u> | | Date <u>3-9-17</u> | |
| Signature of Officer/Authorized Representative <u>Israel Mercedes</u> | | | |
| SIGN DOCUMENT HERE | | | |

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MAIL TO:

Division of Business Services

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