



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2017 MAR 27 PM 3:28

1. Entity ID Number 000685891	2. Exact name of the Corporation Ministerio Internacional Vida, INC
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island A community of Gods people called to worship to serve others in the way of our Lord Jesus Christ all to Gods Glory.

5. Principal Office Address 141 Oriole ave	City Pawtucket	State RI	Zip 02860
--	--------------------------	--------------------	---------------------

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

President Name Rev. Carlos D. Orellana			Vice-President Name Rev. Silvia J. Orellana		
Street Address 141 Oriole ave			Street Address 141 Oriole ave.		
City Pawtucket	State RI	Zip 02860	City Pawt.	State RI	Zip 02860
Secretary Name Byron F. Barrantes II			Treasurer Name Daniel Herrera		
Street Address 141 Oriole ave.			Street Address 102 Early St		
City Pawt.	State RI	Zip 02860	City Central Falls	State RI	Zip 02863

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

Director Name Rev. Carlos D. Orellana			Director Name Byron F. Barrantes II		
Street Address 141 Oriole ave			Street Address 141 Oriole ave.		
City Pawt.	State RI	Zip 02860	City Pawt	State RI	Zip 02860
Director Name Rev. Silvia J. Orellana			Director Name Daniel O. Herrera		
Street Address 141 Oriole ave.			Street Address 102 Early St		
City Pawt	State RI	Zip 02860	City Central Falls	State RI	Zip 02863

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 Silvia J. Orellana	Date 3/27/17
--	------------------------

Signature of Officer/Authorized Representative 	FILED SIGN OFFICER HERE MAR 27 2017
--	---

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

By 299348 3:24