



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

|                                                                                                                                                                            |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. Entity ID Number<br><b>000100614</b>                                                                                                                                    | 2. Exact Name of the Corporation<br><b>MINISTERIO INTERNACIONAL REINO DE FE</b> |
| 3. The fictitious business name to be used is:<br><b>MINISTERIO JOVENES DEL REINO RADIO</b>                                                                                |                                                                                 |
| 4. The corporation is organized under the laws of:<br><b>Rhode Island</b>                                                                                                  | 5. The date of incorporation is:<br><b>5/13/98</b>                              |
| Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct. |                                                                                 |
| Name of Applicant Non-Profit Corporation<br><b>BYRON EDUARDO MENDEZ</b>                                                                                                    |                                                                                 |
| Title of Authorized Person<br><b>PRESIDENT</b>                                                                                                                             | Date<br><b>1/16/18</b>                                                          |
| Signature of Authorized Person<br><i>Byron Eduardo Mendez</i> SIGN DOCUMENT HERE                                                                                           |                                                                                 |

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED****JAN 16 2018**

BY

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10:06



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

January 16, 2018 10:06 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

