



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

Annual Report for the year:

Non-Profit Corporation

2018

2018 AUG 30 PM 2:06

- 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 511679		2. Exact name of the Corporation International Ministros la Nueva Jerusalem	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Our mission is help the Community by Preach the word of god to those need in needs and build.	
4. NAICS Code 813110		Congregation in other Countries.	
6. Principal Office Address 2 Felix Ave		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Juan Acevedo		Vice-President Name Guadalupe Acevedo	
Street Address 18 Tecumseh Apt 4		Street Address 18 Tecumseh Ave Apt 4	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Solivera Martinez		Treasurer Name Yadira Berroa	
Street Address 50 LOWN AVE Apt 3		Street Address 105 Yorkshurst Apt 3	
City Warwick	State RI	City Providence	State RI
Zip 02888		Zip 02908	
8. 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 Maritza Berroa		Director Name Leonarda Rodriguez	
Street Address 138 Woodbine Apt 1		Street Address 88 Saline St	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Director Name Rafael Acevedo		Director Name Amarilis Acevedo	
Street Address 439 Robbins St		Street Address 439 Robbins	
City Philadelphia	State P.A.	City Philadelphia	State P.A.
Zip 19111		Zip 19111	
9. 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 Maritza Berroa			Date 8/30/18
Signature of Officer/Authorized Representative Maritza Berroa			FILED 2:06

AUG 30 2018

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

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