



Department of State - Business Services Division

FILED

MAY 21 2023

BY 26044

Annual Report for the year: 2020
 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.

1. Entity ID Number 001680239		2. Exact name of the Corporation OCEAN STATE MINISTRY						
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON DENOMINATIAL FAMILY MEETING GROUP						
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>								
6. Principal Office Address 240 POCASSET AVENUE SUITE 2				City PROVIDENCE		State RI	Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name HANNES MENDEZ				Vice-President Name				
Street Address 240 POCASSET AVENUE				Street Address				
City PROVIDENCE		State RI	Zip 02909		City		State	Zip
Secretary Name				Treasurer Name				
Street Address				Street Address				
City		State	Zip		City		State	Zip
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 HANNES MENDEZ				Director Name LUIS CARRERA				
Street Address 240 POCASSET AVENUE				Street Address 43 DANIEL AVENUE				
City PROVIDENCE		State RI	Zip 02909		City PROVIDENCE		State RI	Zip 02909
Director Name VICTOR HERNANDEZ				Director Name ROXANA MALDONADO				
Street Address 45 STERLING AVENUE				Street Address 45 STERLING AVENUE				
City PROVIDENCE		State RI	Zip 02909		City PROVIDENCE		State RI	Zip 02909
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.								
<i>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>								
<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 HANNES MENDEZ						Date 05/13/2020		
Signature of Officer/Authorized Representative 								

MAIL TO:
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