




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

Annual Report for the year: 2019
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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 BUS SVCS DIV

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1. Entity ID Number 1684977		2. Exact name of the Corporation ANEWU MINISTRIES			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island An organization to promote a community faith based health life style education and awareness programs.			
4. NAICS Code 813212 - Voluntary Health					
6. Principal Office Address 206-63 Ave Bayside NY 11361			City Brooklyn	State NY	Zip 11361
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edwin McBride			Vice-President Name Heather Walker-Mcbride		
Street Address 206-63 46th Ave			Street Address 206-63 46Th Ave		
City Bayside	State NY	Zip 11361	City Bayside	State NY	Zip 11361
Secretary Name Sargent B. McBride			Treasurer Name Megan Evans		
Street Address 127 Scribner Ave			Street Address 202-02 43th Ave Apt 4D		
City Staten Island	State NY	Zip 10301	City Bayside	State NY	Zip 11361
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 Edwin M. McBride			Director Name Megan Evans		
Street Address 206-63 46th Ave			Street Address 202-02 43th Ave Apt 4D		
City Bayside	State NY	Zip 11361	City Bayside	State NY	Zip 11361
Director Name Heather Walker-Mcbride			Director Name		
Street Address 206-63 46th Ave			Street Address		
City Bayside	State NY	Zip 11361	City	State	Zip
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 Luis D. Martinez				Date 05/25/20	
Signature of Officer/Authorized Representative 				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

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 BY **920 4N553**