




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

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.

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BUS SVCS DIV

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1. Entity ID Number <b>000793311</b>		2. Exact name of the Corporation <b>Adventist International Medical Missionaries</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Volunteer medical mission outreach</b>			
4. NAICS Code <b>813212 - Voluntary Health</b>					
6. Principal Office Address <b>365 Garden Ave</b>			City <b>Mt Vernon</b>	State <b>NY</b>	Zip <b>10553</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jennifer Adjodna Evans</b>			Vice-President Name <b>Shervin Evans</b>		
Street Address <b>224 State Route 167</b>			Street Address <b>224 State Route 167</b>		
City <b>Richfield Spring</b>	State <b>NY</b>	Zip <b>13439</b>	City <b>Richfield Spring</b>	State <b>NY</b>	Zip <b>13439</b>
Secretary Name <b>Cheryl Billingsy</b>			Treasurer Name <b>Joselyn Archer</b>		
Street Address <b>1405 McBride Street</b>			Street Address <b>365 Garden Ave</b>		
City <b>FarRockaway</b>	State <b>NY</b>	Zip <b>11691</b>	City <b>Mt Vernon</b>	State <b>NY</b>	Zip <b>10553</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jennifer Adjodna Evans</b>			Director Name <b>Shervins Evans</b>		
Street Address <b>224 State Route 167</b>			Street Address <b>224 State Route 167</b>		
City <b>Richfield Spring</b>	State <b>NY</b>	Zip <b>13439</b>	City <b>Richfield Spring</b>	State <b>NY</b>	Zip <b>13439</b>
Director Name <b>Cheryl Billingsy</b>			Director Name <b>Joselyn Archer</b>		
Street Address <b>1405 McBride Street</b>			Street Address <b>365 Garden Ave</b>		
City <b>FarRockaway</b>	State <b>NY</b>	Zip <b>11691</b>	City <b>Mt Vernon</b>	State <b>NY</b>	Zip <b>10553</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Luis D. Martinez</b>				Date <b>05/25/20</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE <b>SEP 08 2020</b> <b>BTY9P</b> <b>4:05</b>	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov