



State of Rhode Island

Department of State - Business Services Division

# Certificate of Correction

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL 7-6-41.1 the undersigned corporation hereby submits the following Certificate of Correction:

|  |  |
|--|--|
| 1. Entity ID Number:<br><u>1711125</u>   | 2. The name of the corporation is:<br>MINISTERIOS MANA INC                   |
| 3. The document to be corrected is:<br>Non-Profit Corporation Articles of Incorporation  | 4. The date the document being corrected was originally filed:<br>08/28/2020 |
| 5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:<br><br>THE CORPORATION NAME IS SPELT INCORRECTLY |  |
| 6. The new corrected portion of the document states as follows:<br>MINISTERIO MANA INC   |  |
| <div style="text-align: right;"> <input checked="" type="checkbox"/> Check the box to indicate an attachment         </div>  |  |
| <div style="text-align: right;"> <input type="checkbox"/> Check the box to indicate an attachment         </div>   |  |
| 7. The corrected document <b>MUST</b> be attached to this certificate.   |  |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 OCT 26 P 4:01

8. The correction was adopted in the following manner: **CHECK ONE BOX ONLY**

- ☒ The correction was adopted at a meeting of the members held on 08/29/2020, at which meeting a quorum was present, and the correction received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.
- ☐ The correction was adopted by a consent in writing on \_\_\_\_\_, signed by all members entitled to vote with respect thereto.
- ☐ The correction was adopted at a meeting of the Board of Directors held on \_\_\_\_\_, and received the vote of a majority of the directors in office, there being no members entitled to vote with respect thereto.

*Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation

MARIA GIRALDO HURTADO

Date

10-20-2020

Signature of Authorized Officer of the Corporation

Maria GHT



State of Rhode Island

Department of State - Business Services Division

## Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

MINISTERIO MANA INC

2. The period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution \_\_\_\_\_

3. The specific purpose or purposes for which the corporation is organized are:

THE SPECIFIC PURPOSE OR PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE TO SPREAD THE WORD OF GOD, BY TRAVELING TO DIFFERENT CHURCHES AND PREACHING TO THEM ABOUT THE LORD. MINISTERIOS MANA INC IS AN ORGANIZATION ORGANIZED FOR CHARITABLE AND RELIGIOUS PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO

Check the box to indicate an attachment ☒

4. Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE

Check the box to indicate an attachment ☒

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name MARIA GIRALDO HURTADO

Street Address (NOT a P.O. Box) 91 FOUNDRY ST

City CENTRAL FALLS

State RHODE ISLAND

Zip Code 02863

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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OCT 26 2020

BY CA 10726  
4:01

6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

| NAME                      | ADDRESS  |
|---------------------------|--|
| MARIA GIRALDO HURTADO     | 91 FOUNDRY ST. CENTRAL FALLS RI 02863 USA            |
| TULIA R. RAMIREZ          | 10 DURCHIESS AVE. N PROVIDENCE RI 02904 USA          |
| INGRID P. ZELADA GROSS    | 299 MOUNT PLEASANT AVE FL 1. PROVIDENCE RI 02908 USA |
| GLORIA I. CANO CASTRILLON | CALLE 36S #27-10 APT 614, MEDELLIN CO 43224 CO       |

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

| NAME                  | ADDRESS  |
|-----------------------|--|
| MARIA GIRALDO HURTADO | 91 FOUNDRY ST. CENTRAL FALLS RI 02863 USA      |
| CARLOS A. RIO GOMEZ   | CALLE 36S #27-10 APT 614. MEDELLIN CO 43224 CO |
|                       |  |
|                       |  |

Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation will be effective. **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.*

|   |                    |
|---|--------------------|
| Type or Print Name of Incorporator<br>MARIA GIRALDO HURTADO | Date<br>10/20/2020 |
|---|--------------------|

Signature of Incorporator

*Maria GH*

|   |                    |
|---|--------------------|
| Type or Print Name of Incorporator<br>CARLOS A. RIO GOMEZ | Date<br>10/20/2020 |
|---|--------------------|

Signature of Incorporator

*Carlos Rio Gomez*

|                                    |      |
|------------------------------------|------|
| Type or Print Name of Incorporator | Date |
|------------------------------------|------|

Signature of Incorporator

ATTACHMENT

BOX 3 (CONTINUED)

ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS DESCRIBED UNDER SECTION 501(C)(3), OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

BOX 4 (CONTINUED)

TAX CODE, OF SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION IN THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.



State of Rhode Island

**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,  
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:

October 26, 2020 04:01 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

