



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year:  
**Non-Profit Corporation**

2019

STAMP

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <b>001657980</b>		2. Exact name of the Corporation <b>2021 APR -5 / Ministerio de</b> <b>MINISTRY Service Center / Servicio Ministerial</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>our mission is to link ministries and social entities to achieve a partnership that shares resources to assist our communities.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>66 COMMODORE ST</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</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>Rev. Israel Mercedes</b>		Vice-President Name <b>Julio Ramos</b>	
Street Address <b>66 COMMODORE ST</b>		Street Address <b>50 Randall St. apt. 8T</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name		Treasurer Name <b>JULIA Padilla</b>	
Street Address		Street Address <b>66 COMMODORE ST</b>	
City	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</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>Luis David Rodriguez</b>		Director Name <b>Fredy Distal</b>	
Street Address <b>135 Metropolitan Road</b>		Street Address <b>97 MINER ST</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02904</b>	
Director Name <b>Rev. Israel Mercedes</b>		Director Name	
Street Address <b>66 COMMODORE ST</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Rev. Israel Mercedes</b>		Date <b>4/5/21</b>	
Signature of Officer/Authorized Representative <b>Israel Mercedes</b>			

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

FILED  
 APR 05 2021  
 BY CA XTOHR  
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