



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 001657980		2. Exact name of the Corporation 2021 APR -5 / Ministerio de MINISTRY Service Center / Servicio Ministeria	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island our mission is to link ministries and social entities to achieve a partnership that shares resources to assist our communities.	
4. NAICS Code 813110			
6. Principal Office Address 66 COMMODORE ST		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. Israel Mercedes		Vice-President Name Julio Ramos	
Street Address 66 COMMODORE ST		Street Address 50 Randall St. apt. 8J	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name		Treasurer Name JULIA Padilla	
Street Address		Street Address 66 COMMODORE ST	
City	State RI	City Providence	State RI
Zip 02904		Zip 02904	
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 Luis David Rodriguez		Director Name Fredy Distal	
Street Address 135 Metropolitan Road		Street Address 97 MINER ST	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02904	
Director Name Rev. Israel Mercedes		Director Name	
Street Address 66 COMMODORE ST		Street Address	
City Providence	State RI	City	State
Zip 02904		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<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 Rev. Israel Mercedes		Date 4/5/21	
Signature of Officer/Authorized Representative Israel Mercedes			

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

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