RI SOS Filing Number: 202198070780 Date: 6/9/2021 11:12:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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2021 JUN -9 A 11:10

1. Entity ID Number	2. Exact name of the Corporation
001698681	MINISTERIO INTERNACIONAL RESCATANDO VIDAS PARA CRISTO
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: THE SPECIFIC PURPOSE IS TO SPREAD THE GOSPEL JESUS CHRIST THROUGHOUT THE TEACHING AND PREACHING OF THE WORD OF GOD AND TO PERFORM ALL ACTIVITIES INHERENT TO A CHURCH.
4. NAICS Code: 813110 - Religious Organizatio	

6. Principal Office Address	City	State	Zip
70 GANSETT AVE	CRANSTON	RI	02910

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MIGUEL D GERMOSA	Michelle germosen
Street Address: 50 SYLVAN AVE.	Street Address: 50 sylvan ave
City: CRANSTON State: RI Zip: 02905	City: Cranston State: RI Zip: 02905
Secretary Name: RAUL D GERMOSEN	Treasurer Name
Street Address: 50 SYLVAN AVE	Street Address
City: CRANSTON State: RI Zip: 02905	City State Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
MIGUEL D. GERMOSEN	MICHELLE M. GERMOSEN
Street Address: 50 SYLVAN AVE	Street Address: 50 SYLVAN AVE
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905
Director Name: RAUL D. GERMOSEN	Director Name
Street Address: 50 SYLVAN AVE	Street Address
City: CRANSTON State: RI Zip: 02905	City State 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
MIGUEL D GERMOSEN	06/04/2021

Signature of Officer/Authorized Representative

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BY [signature] 11:12

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

FORM 631 - Revised: 08/2020