State of Rhode Island
Department of State - Business Services Division

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2021 JUN 29 P 3:03

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.

1. Entity ID Number	2. Exact name of the Corporation
001704854	maranatha international evangelistic ministry
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Evangel preaching the gospel. the specific purpose For which the corporation is organized die the Following, the purpose of this ministry is to Preach the gospel of salvation ov
4. NAICS Code: 831 110	

6. Principal Office Address	City	State	Zip
80 curtis st APT 607	Providence	RI	02909

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

President Name	Vice-President Name
Bishop Joselito Febus	Genesis Febus
Street Address: 80 Curtis St	Street Address: P.O BOX 50120
City: Providence / State: RI / Zip: 02909	City: Toabaja / State: PR / Zip: 00946
Secretary Name: Elba Diaz	Treasurer Name
Street Address: 993 Manton ave. #513	Street Address
City: Prov. / State: R.I / Zip: 02909	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
Josue Ruiz	Carlos Guzman
Street Address: 993 Manton # 103D	Street Address: 18 Wills ave
City: Prov. / State: R.I / Zip: 02909	City: Meriden / State: CT / Zip: 06450
Director Name: EMILY MELLO	Director Name
Street Address: 993 MANTON AVE #103A	Street Address
City: PROVIDENCE / State: RI / Zip: 02909	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
~~OSELITO FEBUS~~ Joselito Febus	6-18-21

Signature of Officer/Authorized Representative

FILED
JUN 28 2021
KL GBBET

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