



State of Rhode Island

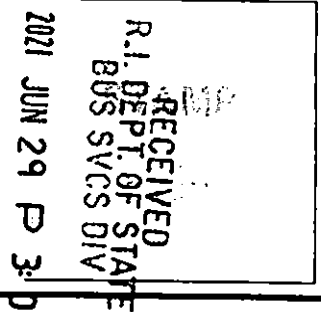
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2021

→ 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 001704854		2. Exact name of the Corporation maranatha international evangelistic ministry	
3. State of Incorporation R.I.		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 are the following, the purpose of this ministry is to preach the gospel of salvation or	
4. NAICS Code 831110			
6. Principal Office Address 80 curtis st apt 607		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Bishop Joselito Febus		Vice-President Name Genesis Febus	
Street Address 80 curtis st		Street Address P.O Box 50120	
City Providence	State RI	City Toabaja	State PR
Zip 02909		Zip 00946	
Secretary Name ELBA DIAZ		Treasurer Name	
Street Address 993 Manton Ave. #513		Street Address	
City PROV.	State R.I.	City	State
Zip 02909		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 Josue Ruiz		Director Name Carlos Guzman	
Street Address 993 Manton #103D		Street Address 18 Wills Ave	
City PROV.	State R.I.	City Meriden	State CT
Zip 02909		Zip 06450	
Director Name EMILY MELLO		Director Name	
Street Address 993 MANTON AVE #103A		Street Address	
City PROVIDENCES	State RI	City	State
Zip 02909		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 Joselito Febus		Date 6-18-21	
Signature of Officer/Authorized Representative			

FILED

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

JUN 28 2021

KL CBET

FORM 631 - Revised: 08/2020