State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 SEP -7 P 3:20

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001713459	Capital Ministries, LLC
3. NAICS Code: 813110	4. Brief description of the character of business conducted in Rhode Island: Religious Ministry Services
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
716 Gt Wells ave	Providence	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Lisa Torres Nove	President owner		
Street Address: 30 Wentworth st	City: N-Prov	State: RI	Zip: 02904

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name
Lisa T. Nove	
Street Address: 30 Wentworth st	Street Address:
City: N-Prov / State: RI / Zip: 02904	City: / State: / Zip:
Manager Name:	Manager Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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.

Name of Authorized Person	Date
Lisa A. Torres Nove	9/16/2021
Signature of Authorized Person: Lisa Torres Nove	

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
SEP 07 2021
BY RAGAD
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FORM 632 - Revised: 08/2020