



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JAN 20 P 2:04

1. Entity ID Number 001698681		2. Exact name of the Corporation Ministerio Internacional Rescatando vidas para Cristo			
3. State of Incorporation 08/02/2019		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 Organization <input type="checkbox"/>					
6. Principal Office Address 70 Gansett Ave		City Cranston		State RI	Zip 02910
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name MIGUEL D GERMOSEN		Vice-President Name Michelle GERMOSSEN			
Street Address 50 SYLVAN AVE		Street Address 50 Sylvan Ave			
City CRANSTON	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name MIGUEL D. GERMOSEN		Director Name 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 MIGUEL D. GERMOSEN				Date 01/19/2023	
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

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