



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

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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1. Entity ID Number 001698681		2. Exact name of the Corporation <i>Ministerio Internacional Rescatando vidas para cristo</i>	
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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <i>Miguel D GERMOSEN</i>		Vice-President Name <i>Michelle GERMOSEN</i>	
Street Address <i>50 SYLVAN AV</i>		Street Address <i>50 sylvan Ave</i>	
City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02905</i>	City <i>Cranston</i>
			State <i>RI</i>
			Zip <i>02905</i>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	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 <input type="checkbox"/>			
Director Name MIGUEL D. GERMOSEN		Director Name MICHELLE M. GERMOSEN <i>M. GERMOSEN</i>	
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 <i>Raul</i>		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative MIGUEL D. GERMOSEN			Date 01/19/2023
Signature of Officer/Authorized Representative <i>Miguel D. GERMOSEN</i>			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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