



**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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 511679		2. Exact name of the Corporation INTERNATIONAL MINISTRY La Nueva Jerusalem	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>our mission is help the community by preaching the word of God to those in need and build congregations in other countries</i>	
4. NAICS Code 813110			
6. Principal Office Address 153 REGENT AV.		City PROV.	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JUAN ACEVEDO (Pastor)		Vice-President Name Guadalupe ACEVEDO	
Street Address 121 CALIFORNIA AV.		Street Address 121 CALIFORNIA AV.	
City PROV.	State RI	City PROV.	State RI
Secretary Name KELLY RODRIGUEZ		Treasurer Name LEONARDA A. RODRIGUEZ	
Street Address 37 Glenbridge av.		Street Address 88 SALINA ST.	
City PROV.	State RI	City PROV.	State RI
Zip 02909		Zip 02908	
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 MARITZA BERROA		Director Name ALGENSIS A. ACEVEDO	
Street Address 138 Woodbine ST APT-1		Street Address 121 CALIFORNIA AV.	
City PAWUCKETT	State RI	City PROV.	State RI
Zip 02860		Zip 02905	
Director Name MERELI MERA R.		Director Name Yluminada ACEVEDO	
Street Address 121 CALIFORNIA AV.		Street Address 243 SMITH ST. APT-1004	
City PROV.	State RI	City PROV.	State RI
Zip 02905		Zip 02908	
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 LEONARDA A. RODRIGUEZ			Date 5-2-2023
Signature of Officer/Authorized Representative <i>Leonarda A. Rodriguez</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

MAY 02 2023
BY ML 1187