

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

	Tomita not mod by may 51.	2000	
1. Entity ID Number	2. Exact name of the Corporation	ZUZJ HAY -2	P 1:42
511679	INTERNATIONAL	MINISTRY La he	IEVa Jekusalem
3. State of Incorporation		r of business conducted in Rhode Isl	
RI	Our mission,	is help the comm	
4. NAICS Code	built congregation in other country		
813110	huilt commosat	turi in other can	- mrued ma
6. Principal Office Address		1 0.1.7	State Zip
153 REGENT	AU.	PROU.	RI 62908
7. List ALL officers (names and addresses)		Check the box to indicate an attachment	
President Name JUAN A	CEVEDO (Pasto)	Vice-President Name Quadala	De ACEUEDO
Street Address 121 California AU.		Street Address 121 California av.	
City PROV.	State Zip 07905	City VOOL	State RI Zip D290
Secretary Name		Treașurer Name	
Street Address O. Street Addre		LEONARDA A. RODNIQUET	
37 SIENDY	ade av.	Street Address Sal 1 Na Si	Ţ, J
City PROU.	State RT Zip 029 09	City PANU	State RT Zip OZ90
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name 10 A 10 0 7 10 0 10 10 10 10 10 10 10 10 10 10 10 1			
MARITZ	a BERROA	ALGENSIS	A. ACGUEDO
	Lbine ST APT-1	Street Address 121 Califor No.	a alv.
city Pawtucket	State RT Zip 02860	City PROU-	State RT Zip 025 0
Director Name MEREVI MERA R.		Director Name / LumiNad ACEVEDO	
Street Address		Street Address	
121 Californ		au.	ST. APT-1004
City PROD.	State RT Zip Zip Zip Zip Zip	City PROU.	State RT Zip 250
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			Date
LEONARDA A. RODNIQUEZ			5-2-2023
Signature of Officer/Authorized Representative			
Level A. Kny 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 0 2 2023