



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 #000152046		2. Exact name of the Corporation HISPANIC MINISTERIAL ASSOCIATION OF RHODE ISLAND, INC.		2023 MAY -5 P 3:39	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Preach the Gospel of Jesus Christ			
4. NAICS Code 813110					
6. Principal Office Address 1025 Plainfield Street		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Miguel A. Berroa		Vice-President Name Rev. José Anibal Alvarez			
Street Address 161 Trenton Street		Street Address 575 Dodger Ave. Apt. L-96			
City Pawtucket	State RI	Zip 02860	City Cranston	State RI	Zip 02920
Secretary Name Rev. Orlando Izcary		Treasurer Name Rev. Cynthia Fernandez			
Street Address 32 Fisk Street		Street Address 292 Ninth Ave.			
City Providence	State RI	Zip 02905	City Woonsocket	State RI	Zip 02895
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 Rev. Pedro Almonte		Director Name Rev. Vidal Ramos			
Street Address 46 Ayrault Street		Street Address 60 Jenkins Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Rev. Myndy Vargas		Director Name			
Street Address 11 Cliff Street		Street Address			
City Providence	State RI	Zip 02908	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Miguel A. Berroa				Date 5/5/2023	
Signature of Officer/Authorized Representative <i>Miguel A. Berroa</i>				M7 FILED 371	

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 05 2023
BY KCYT3