



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.

STAMP

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R.I. DEPT. OF STATE
BUSINESS DIV.

2023 MAY 25 A 11:43

1. Entity ID Number 000127124		2. Exact name of the Corporation New life International Ministries	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island church - non profit organization	
4. NAICS Code 813110			
6. Principal Office Address 05 Exchange ST		City Providence	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Aracelis Colon Cruz		Vice-President Name	
Street Address 26 Thomas Avenue		Street Address	
City Providence	State RI	City	State
Zip 02860		Zip	
Secretary Name Moderada Pellot		Treasurer Name Lina Abreu	
Street Address 501 Main ST		Street Address 53 Princeton	
City Providence	State RI	City Leominster	State MA
Zip 02860		Zip 01453	
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 Zuleima Castillo Calvetti		Director Name Miguel Colon (Senor)	
Street Address 26 Thomas ave		Street Address 26 Thomas ave	
City Providence	State RI	City Providence	State RI
Zip 02860		Zip 02860	
Director Name Hebi and Gina Ramirez		Director Name	
Street Address 356 Weeden ST		Street Address	
City Providence	State RI	City	State
Zip 02860		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 Aracelis Colon Cruz		Date 05/25/23	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			

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MAY 25 2023
BY 1235

MAIL TO:
Division of Business Services
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