



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number <u>000931975</u>		2. Exact name of the Corporation <u>Iglesia Ministros Evangelistico Internacional / Virgini</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious, Church</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>1217 Main St</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Luisa Dominici</u>		Vice-President Name <u>Finni Dominici</u>	
Street Address <u>100 Broad St</u>		Street Address <u>24 Cedar Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02893</u>	
Secretary Name <u>Alexa Diaz</u>		Treasurer Name	
Street Address <u>196 Gallup St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02905</u>		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 <u>Luisa Dominici</u>		Director Name <u>Alexa Diaz</u>	
Street Address <u>100 Broad St</u>		Street Address <u>196 Gallup St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02905</u>	
Director Name <u>Fredesunda Moquete</u>		Director Name	
Street Address <u>23 Barry Rd</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02909</u>		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.			
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 <u>Luisa Dominici</u>			Date <u>11/8/2023</u>
Signature of Officer/Authorized Representative <u>Luisa Dominici</u>			

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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BY ML

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