



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

12:15 FILED
DEC 28 2023
RECEIVED BY ML V9VAX
RI DEPT OF BUS SVCS

1. Entity ID Number 1743803		2. Exact name of the Corporation MINISTERIO CRISTO REY INTERNATIONAL	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 015110			
6. Principal Office Address 31 N FAIRVIEW 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 PASTOR CARLOS ROJAS		Vice-President Name BROTHER BRUNY FEURY	
Street Address 31 N FAIRVIEW STREET		Street Address 20 WESTFIELD	
City JOHNSTON	State RI	City PROVIDENCE	State RI
Zip 02919		Zip 02907	
Secretary Name		Treasurer Name JUDITH ROJAS	
Street Address		Street Address 31 N FAIRVIEW ST.	
City	State	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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 CARLOS ROJAS		Director Name JUDITH ROJAS	
Street Address 31 N FAIRVIEW STREET		Street Address 31 N FAIRVIEW ST.	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name BRUNY FEURY		Director Name	
Street Address 20 WESTFIELD ST.		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		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.			
<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 Carlos O Rojas			Date 12/22/23
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
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