



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

12:13
DEC 28 2023
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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1743803	2. Exact name of the Corporation MINISTERIO CRISTO REY INTERNATIONAL CHURCH
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island CHURCH
4. NAICS Code 813110	

6. Principal Office Address 62 DOVER STREET	City PROVIDENCE	State RI	Zip 02908
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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 FEVRY		
Street Address 62 DOVER STREET	Street Address 131 ELMWOOD AVE.		
City PROVIDENCE State RI Zip 02908	City PROVIDENCE State RI Zip 02907		
Secretary Name SISTER LESVIA ALCANTARA	Treasurer Name		
Street Address 62 DOVER STREET	Street Address		
City PROVIDENCE State RI Zip 02908	City State 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 CARLOS ROJAS	Director Name LESVIA ALCANTARA		
Street Address 62 DOVER STREET	Street Address 62 DOVER STREET		
City PROVIDENCE State RI Zip 02908	City PROVIDENCE State RI Zip 02908		
Director Name BRUNY FEVRY	Director Name		
Street Address 131 ELMWOOD AVE.	Street Address		
City PROV State RI Zip 02907	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.

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 Carlos O. Rojas	Date 12/28/23
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov