



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
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.

FILED

DEC 28 2023

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R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>1743803</b>		2. Exact name of the Corporation <b>MINISTERIO CRISTO REY INTERNATIONAL</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>62 DOVER STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>PASTOR CARLOS ROJAS</b>		Vice-President Name <b>BROTHER BRUNY FEVRY</b>	
Street Address <b>62 DOVER STREET</b>		Street Address <b>131 ELMWOOD AVE.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02907</b>	
Secretary Name <b>SISTER LESVIA ALCANTARA</b>		Treasurer Name	
Street Address <b>62 DOVER STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02908</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>CARLOS ROJAS</b>		Director Name <b>LESVIA ALCANTARA</b>	
Street Address <b>62 DOVER STREET</b>		Street Address <b>62 DOVER STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Director Name <b>BRUNY FEVRY</b>		Director Name	
Street Address <b>131 ELMWOOD AVE.</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Carlos O. Rojas</b>			Date <b>12/22/23</b>
Signature of Officer/Authorized Representative 			

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