



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.

FILED
FEB 09 2024
BY 1139

1. Entity ID Number 001671856		2. Exact name of the Corporation Nomadic Ministries			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island MOBILE SERVICES FOR THE PURPOSE OF DOING CONFRENCES, SEMINARS AND WORSHIP SERVICES			
4. NAICS Code 813110					
6. Principal Office Address 22 Lane B			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Yvonne E. Pascua			Vice-President Name Janet Y. Arcand		
Street Address 22 Lane B			Street Address 22 Lane B		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Charlotte Danielson			Treasurer Name Rev. Yvonne E. Pascua		
Street Address 62 Roberts Street Apt. 618			Street Address 22 Lane B		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
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 Rev. Yvonne E. Pascua			Director Name Joseph J. Migneault		
Street Address 22 Lane B			Street Address 1346 Newport Ave. unite 94		
City Coventry	State RI	Zip 02816	City South Attleboro	State MA	Zip 02703
Director Name Janet Y. Arcand			Director Name		
Street Address 22 Lane B			Street Address		
City Coventry	State RI	Zip 02816	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.					
<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 Charlotte Danielson, Secretary				Date 02-10-2024	
Signature of Officer/Authorized Representative <i>Charlotte Danielson</i>					

MAIL TO:
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