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**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.

1. Entity ID Number <b>000 508 598</b>		2. Exact name of the Corporation <b>MINISTERIO RHEMA</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>DOMESTIC NON PROFIT CORPORATION CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>6 BUCKLIN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</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>RAFAEL RUIZ</b>		Vice-President Name <b>ABIGAIL RUIZ</b>	
Street Address <b>47 HARVEST ST</b>		Street Address <b>8 SUNRISE SHAW BLVD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>DUDLEY</b>	State <b>MA</b>
Zip <b>02902</b>		Zip <b>01571</b>	
Secretary Name		Treasurer Name <b>FREDDY MCGAR</b>	
Street Address		Street Address <b>47 HARVEST ST</b>	
City	State	City <b>PROV</b>	State <b>RI</b>
Zip		Zip <b>02908</b>	
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>YOLANDA RUIZ</b>		Director Name	
Street Address <b>47 HARVEST ST</b>		Street Address	
City <b>PROV</b>	State <b>RI</b>	City	State
Zip <b>02902</b>		Zip	
Director Name <b>RAFAEL RUIZ</b>		Director Name <b>ABIGAIL RUIZ</b>	
Street Address <b>8 SUNRISE SHAW BLVD</b>		Street Address <b>8 SUNRISE SHAW BLVD</b>	
City <b>DUDLEY</b>	State <b>MA</b>	City <b>DUDLEY</b>	State <b>MA</b>
Zip <b>01571</b>		Zip <b>01571</b>	
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>			
<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 <b>RAFAEL RUIZ</b>			Date
Signature of Officer/Authorized Representative <i>[Signature]</i>			<b>FILED 1120</b>

MAIL TO:  
Division of Business Services  
146 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JUN 28 2024  
BY KaladH  
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