



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.

REC'D RIDOS BSD
24 JUN 28 AM 11:17:48

1. Entity ID Number 000 508 598		2. Exact name of the Corporation MINISTERIO RHEMA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island DOMESTIC NON PROFIT CORPORATION Church	
4. NAICS Code 813110			
6. Principal Office Address 6 Bucklin Street		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAFAEL RITOS		Vice-President Name ABIGAIL RITOS	
Street Address 47 Harvest St		Street Address 8 Sunrise Shm Blvd	
City Providence	State RI	City Dudley	State MA
Zip 02902		Zip 01571	
Secretary Name		Treasurer Name Freddy Mclgar	
Street Address		Street Address 47 Harvest St	
City	State	City Providence	State RI
Zip		Zip 02908	
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 Yolanda Ruiz		Director Name	
Street Address 47 Harvest St		Street Address	
City Providence	State RI	City	State
Zip 02902		Zip	
Director Name RAFAEL RITOS		Director Name ABIGAIL RITOS	
Street Address 8 Sunrise Shm Blvd		Street Address 8 Sunrise Shm Blvd	
City Dudley	State MA	City Dudley	State MA
Zip 01571		Zip 01571	
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 RAFAEL RITOS			Date
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED 1120
JUN 28 2024
BY *KaladH*

FORM 631- Revised: 04/2023