



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**

**1. Corporate ID No.** 000100614

**2. Name of Corporation** MINISTERIO INTERNACIONAL REINO DE FE

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813110

**4. Principal Office Address**

No. and Street: 166 ORTOLEVA DRIVE

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ORGANIZE MISSIONARY WORK

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	AARON MENDEZ	166 ORTOLEVA DRIVE PROVIDENCE, RI 02909 USA
SECRETARY	KAREN I MORALES	166 ORTOLEVA DR PROVIDENCE, RI 02909 US
DIRECTOR	LUIS RENATO GARCIA	249 UNION AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	ELMER A HERRERA	90 WEBSTER ST PAWTUCKET, RI 02861 US
DIRECTOR	LUIS VASQUEZ	163 GRAY ST PROVIDENCE, RI 02909 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BYRON E. MENDEZ 166 ORTOLEVA DRIVE PROVIDENCE , RI 02909

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of August, 2024 at 3:59:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By AARON MENDEZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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