



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 RHODE ISLAND
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1. Entity ID Number <u>000107393</u>		2. Exact name of the Corporation <u>Ministerio Internacional Dinamis</u>	
3. State of Incorporation <u>R-I</u>		5. Brief description of the character of business conducted in Rhode Island <u>for Evangelistic Purpose</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>1112 Charles St. N/ Providence</u>		City <u>N/ Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Walter Morales</u>		Vice-President Name <u>Blanca Morales</u>	
Street Address <u>37 McMillen St</u>		Street Address <u>37 McMillen St</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name <u>Brian Estrada</u>	Treasurer Name <u>Mildred Morales</u>		
Street Address <u>37 McMillen St</u>	Street Address <u>203 Ledge St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Blanca Morales</u>		Director Name <u>Mildred Morales</u>	
Street Address <u>37 McMillen St</u>		Street Address <u>203 Ledge St</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>
State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>
Director Name <u>Brian Estrada</u>	Director Name		
Street Address <u>37 McMillen St</u>	Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City
State <u>RI</u>	Zip <u>02904</u>	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.			
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 <u>Walter Morales</u>			Date <u>03/04/2025</u>
Signature of Officer/Authorized Representative <u>Walter Morales</u>			

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

FILED

MAR 04 2025
BY 7008
FORM 631- Revised: 12/2023