



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.

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1. Entity ID Number <u>000127124</u>		2. Exact name of the Corporation <u>New Life International Ministries</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church - Non Profit organization</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>26 Thomas ave. P</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Aracelis Colin Cruz</u>		Vice-President Name	
Street Address <u>26 Thomas avenue</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State Zip
Secretary Name <u>Zuleima Casillo</u>		Treasurer Name <u>Lina abreu</u>	
Street Address <u>26 Thomas ave.</u>		Street Address <u>46 Princeton</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Leominster</u>	State <u>MA</u> Zip <u>01453</u>
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 <u>Lina abreu</u>		Director Name <u>Heithyn Ramiriz</u>	
Street Address <u>53 Princeton</u>		Street Address <u>356 Weeden St</u>	
City <u>Leominster</u>	State <u>MA</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
Director Name <u>Zuleima Casillo</u>		Director Name <u>Miguel Colin</u>	
Street Address <u>26 Thomas ave.</u>		Street Address <u>26 Thomas ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
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>Aracelis Colin Cruz</u>			Date <u>4/23/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

APR 23 2025  
BY RZM2P KS

FORM 631- Revised: 12/2023