



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.

FILED  
25 MAY 8 PM 3:59:25  
RI SOS

1. Entity ID Number # 000152046		2. Exact name of the Corporation Hispanic Ministerial Association of Rhode Island, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code # 813110		To Preach the Gospel of Jesus Christ	
6. Principal Office Address 1025 Mainfield Street		City Johnston	State RI Zip 02919
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Rev. Miguel A. Berroa		Vice-President Name Rev. Pedro Almonte	
Street Address 161 Trenton Street		Street Address 46 Aysault Street	
City Pawtucket	State RI Zip 02860	City Providence	State RI Zip 02908
Secretary Name Rev. Orlando Izarray		Treasurer Name Rev. Cynthia Fernandez	
Street Address 32 Fisk Street		Street Address 292 Ninth Ave.	
City Providence	State RI Zip 02905	City Woonsocket	State RI Zip 02895
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Rev. Raymond Sanchez		Director Name Rev. Jacqueline Berroa	
Street Address 56 Lerner Street		Street Address 161 Trenton Street	
City Wassick	State RI Zip 02888	City Pawtucket	State RI Zip 02860
Director Name Rev. Erick Estrada		Director Name Rev. Myndy Aldana	
Street Address 61 Browne Street		Street Address 55 Orchard Ave.	
City Cranston	State RI Zip 02920	City Johnston	State RI Zip 02919
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 Rev. Miguel A. Berroa		FILED	Date 5/8/2025
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

MAY 08 2025  
BY *Eglio* *PS*