



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGESS
25 MAY 3 PM 3:59:25

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.

| | | | |
|--|--------------------------|--|--------------------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 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*