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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DEPT OF STATE
BUSINESS SERVICES

1. Entity ID Number	2. Exact name of the Corporation
00793311	Adventist International Medical Missionaries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Non profit organization promoting international medical volunteer mission service.
4. NAICS Code: 813110	

RI DOS MADE NON-SUBSTANTIVE EDITS

6. Principal Office Address	City	State	Zip
365 Garden AVE	Mount Vernon	NY	~~10553~~ 10553

7. List ALL officers (names and addresses) — Check the box to indicate an attachment: ☐

President Name: Jennifer Adjona Evans			Vice-President Name: Shervin Evans		
Street Address: 365 Garden Ave 10553			Street Address: 365 Garden Ave 10553		
City: Mount Vernon	State: NY	Zip: ~~10553~~	City: Mount Vernon	State: NY	Zip: ~~10553~~
Secretary Name: Cheryl Billingy			Treasurer Name: Joselyn Archer		
Street Address: 365 Garden Ave 10553			Street Address: 365 Garden Ave 10553		
City: Mount Vernon	State: Ny	Zip: ~~10553~~	City: Mount Vernon	State: NY	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment: ☐

Director Name: Jennifer Adjona Evans			Director Name: Shervin Evans		
Street Address: 365 Garden Ave 10553			Street Address: 365 Garden Ave 10553		
City: Mount Vernon	State: NY	Zip: ~~10553~~	City: Mount Vernon	State: NY	Zip: ~~10553~~
Director Name: Cheryl Billingy			Director Name: Joselyn Archer		
Street Address: 365 Garden Ave 10553			Street Address: 365 Garden Ave 10553		
City: Mount Vernon	State: NY	Zip: ~~10553~~	City: Mount Vernon	State: NY	Zip: ~~10553~~

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	Date
Luis D. Martinez	**May 8, 2025**

Signature of Officer/Authorized Representative

FILED
MAY 19 2025
BY 8012816 9589

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

AA