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STATE
SECRETARY OF STATE USE

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.

1. Entity ID Number 001679559	2. Exact name of the Corporation New Ministry Church		
3. State of Incorporation MA	5. Brief description of the character of business conducted in Rhode Island CHUCH, religious service		
4. NAICS Code 813110			
6. Principal Office Address 16 Maywood St	City Roxbury	State MA	Zip 02119

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

President Name Jose R Valdes			Vice-President Name Julio Jose Valdes		
Street Address 50 R Pleasant St			Street Address 50 R Pleasant St		
City Randolph	State MA	Zip 02368	City Randolph	State MA	Zip 02368
Secretary Name Cesia Saravia			Treasurer Name		
Street Address 121 Rustic Ln			Street Address		
City Smithfield	State NC	Zip 27577	City	State	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 Jose Santos Gomez-Najera			Director Name Jose R Valdes		
Street Address 141 Stansbury St #1			Street Address 50 R Pleasant		
City Providence	State RI	Zip 02908	City Randolph	State MA	Zip 02368
Director Name Rosa Gomez			Director Name		
Street Address 141 Stansbury St #1			Street Address		
City Providence	State RI	Zip 02908	City	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	Date
Cesia Saravia	**06/03/25**

Signature of Officer/Authorized Representative

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 9:38 A
JUN 04 2025
BY RNFAK

FORM 631- Revised: 12/2023