



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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SECRETARY OF STATE
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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 02300
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 Cesia Saravia					Date 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

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FORM 631- Revised: 12/2023

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