



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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1. Entity ID Number <b>001727639</b>		2. Exact name of the Corporation <b>Ministerio Mujeres de Historia Internacional</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>DEDICATING TO RAISING WOMEN THROUGHOUT THE WORD OF CHRIST IN THE WORLD.</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>132 BERKSHIRE CT.</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>YAZMIN DE LA CRUZ</b>			Vice-President Name <b>MARIA CRISTINA CEBALLOS R</b>		
Street Address <b>132 BERKSHIRE CT.</b>			Street Address <b>12401 FILMORE ST. SPC #304</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>SYLMAR</b>	State <b>CA</b>	Zip <b>91342</b>
Secretary Name <b>ALTAGRACIA LANGUMAS</b>			Treasurer Name <b>MAGALY PACHECO DE GORIS</b>		
Street Address <b>2505 N. MANGO AVE.</b>			Street Address <b>1925 NEWMARK DR.</b>		
City <b>CHICAGO</b>	State <b>IL</b>	Zip <b>60639</b>	City <b>DELTONA</b>	State <b>FL</b>	Zip <b>32738</b>
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 <b>ANGELEE GORIS PACHECO</b>			Director Name <b>JOHANY OLIVARES</b>		
Street Address <b>1925 NEWMARK DR.</b>			Street Address <b>2421 FREEMAN RD.</b>		
City <b>DELTONA</b>	State <b>FL</b>	Zip <b>32738</b>	City <b>JONESBORO</b>	State <b>GA</b>	Zip <b>30230</b>
Director Name <b>ANA CELESTINA MARTINEZ</b>			Director Name		
Street Address <b>770 APPELYARD DR.</b>			Street Address		
City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip <b>32304</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Yazmin De La Cruz</b>					Date <b>July 3rd, 2025</b>
Signature of Officer/Authorized Representative 					

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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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