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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2025

→ Filing period: February 1 - May 1

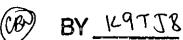
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→ Filing Fee: \$20.00 → Penalty Additional \$25.00 fee if	form is not filed by	May 31.		မ် ်			
1. Entity ID Number 001727639	2. Exact name of the Corporation						
001727039	wiinisteno	Ministerio Mujeres de Historia Internacional					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	DEDICATIN	DEDICATING TO RAISING WOMEN THROUGHOUT THE WORD OF					
4. NAICS Code	CHRIST IN THE WORLD.						
813110			-				
6. Principal Office Address			City	State	Zip		
132 BERKSHIRE CT.			PROVIDENCE	RI	02908		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name YAZMIN DE LA CRUZ			Vice-President Name MARIA CRISTINA CEBALLOS R				
Street Address 132 BERKSHIRE CT.			Street Address 12401 FILMORE ST. SPC #304				
City PROVIDENCE	State RI	^{Zip} 02908	City SYLMAR	State CA	^{Zip} 91342		
Secretary Name ALTAGRACIA	retary Name ALTAGRACIA LANGUMAS			Treasurer Name MAGALY PACHECO DE GORIS			
Street Address 2505 N. MANGO AVE.			Street Address 1925 NEWMARK DR.				
City CHICAGO	State IL	^{Zip} 60639	City DELTONA	State FL	Zip 32738		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name ANGELEE GORIS PACHECO			Director Name JOHANY OLIVARES				
Street Address 1925 NEWMARK DR.			Street Address 2421 FREEMAN RD.				
City DELTONA	State FL	^{Zıp} 32738	City JONESBORO	State GA	Zip ンじと S U		
Director Name ANA CELESTINA MARTINEZ Director Name							
Street Address 770 APPLEYARD DR.			Street Address				
City TALLAHASSEE	State FL	^{Zip} 32304	City	State	Zip		
9. The Registered Agent informatio	n of record with the	e RI Department o	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp correct.	anying schedule:	s and		
This report must be signed by either the Pres	ident, Vice-President, S	Secretary, Assistant Sec	retary, Treasurer, duly Authonzed Representati	ve, Receiver or Trustee	-		
Name of Officer/Authorized Representative				Date			
Yazmin De La Cruz July 3rd, 2025							
Signature of Officer/Authorized Regresentative							
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MAIL TO:	\cup						

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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