State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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	2. Exact name of the Corporation
001727639	Ministerio Mujeres de Historia Internacional
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: DEDICATING TO RAISING WOMEN THROUGHOUT THE WORD OF CHRIST IN THE WORLD.
4. NAICS Code: 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 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	Zip: 32738	City: JONESBORO	State: GA	Zip: 30236
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 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
Yazmin De La Cruz	**July 3rd, 2025**

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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BY KATJ 8

FORM 631- Revised 12/2023