State of Rhode Island
Department of State - Business Services Division

FILED
JUL 14 2025
BY

REC'D RIDOS BSD '25 JUL 14 PM3:19:48

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	2. Exact name of the Corporation
511679	INTERNATIONAL MINISTRY LA NUEVA JERUSALEN
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Our mission is help the community by Preaching the word of God to those in need and built congregations in other country
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
65 NARRAGANSETT AV.	PROV.	RI	02907

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

President Name	Vice-President Name
JUAN ACEVEDO (PASTOR)	GUADALUPE ACEVEDO
Street Address: 121 CALIFORNIA AV.	Street Address: 121 CALIFORNIA AV.
City: PROV. State: RI Zip: 02905	City: PROV. State: RI. Zip: 02905
Secretary Name	**Treasurer Name**
MEREVI MERA R.	LEONARDA Rodriguez
Street Address: 121 CALIFORNIA AV.	Street Address: 88 Saline ST.
City: PROV. State: RI Zip: 02905	City: PROV. State: RI Zip: 02908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
ALGENIS ACEVEDO	MARITZA BERROA
Street Address: 121 California AV.	Street Address: 138 Woodbine ST.
City: PROV. State: RI Zip: 02905	City: Pawtucket State: RI Zip: 02860
Director Name	**Director Name**
ACELIA MIREYA CACERES	YLUMINADA ACEVEDO
Street Address: 49 BELMONT AV.	Street Address: 243 SMITH ST. APT- 1004
City: PROV. State: RI Zip: 02908	City: PROV. State: RI Zip: 02908

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
JUAN ACEVEDO ARIAS	07/14/2025

Signature of Officer/Authorized Representative: Juan Acevedo Arias

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised. 12/2023