



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
Non-Profit Corporation

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.

- 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 000087509		2. Exact name of the Corporation New Covenant Ministries International	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Missions (Education, Translation, Church, Medical etc.)	
4. NAICS Code 813110			
6. Principal Office Address 56 N. Spruce St		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bishop Dr. Joseph Quainoo		Vice-President Name Dr. Vanessa Quainoo	
Street Address Box 23223		Street Address Box 23223	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name EDUARDO GOVEIA		Treasurer Name Evangelina Hankinson	
Street Address 1357 Wampanoag Trail		Street Address 56 N. Spruce St.	
City Riverside	State RI	City East Providence	State RI
Zip 02915		Zip 02914	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bishop Dr. Joseph Quainoo		Director Name EDUARDO GOVEIA	
Street Address Box 23223		Street Address 1357 Wampanoag Trail.	
City Providence	State RI	City RIVERSIDE	State RI
Zip 02903		Zip 02915	
Director Name Evangelina Hankinson		Director Name Dr. Vanessa Quainoo	
Street Address 56 N. Spruce St.		Street Address Box 23223	
City E. Providence	State RI	City Providence	State RI
Zip 02914		Zip 02903	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Bishop Dr. Joseph Quainoo			Date June 5, 2023
Signature of Officer/Authorized Representative <i>[Signature]</i>			FILED

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

JUN 05 2023
BY [Signature]