



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 28708		2. Name of Corporation HOUSE OF MANNA MINISTRIES			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 807 PONTIAC AVENUE		City CRANSTON	Zip 02910
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Robinson			Vice President Name Glenda Robinson		
Street Address 807 Pontiac Ave			Street Address 807 Pontiac Ave		
City Cranston,	State RI	Zip 02910	City Cranston,	State RI	Zip 02910
Secretary Name Tisha Horan			Treasurer Name Glenda Robinson		
Street Address 146 Harold St.			Street Address 807 Pontiac Ave		
City Providence	State RI	Zip 02909	City Cranston,	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Daniel Mallet			Director Name Catherine Threats		
Street Address 21 Laban St.			Street Address 106 Comstock Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
Director Name Tisha Horan			Director Name		
Street Address 146 Harold St.			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Rev. Robert L. Robinson			Address		
Address 807 Pontiac Ave.			City Cranston,	Zip 02910	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2 8 7 0 8

File Date	<b>FILED</b>
Check No.	<b>MAY 21 2008</b>
By:	<b>By 1054</b>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer \_\_\_\_\_ Date **5-19-08**

**Robert L. Robinson**  
Print or Type Name of Officer

**Presidence**  
Title of Officer