

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

401.222.3040

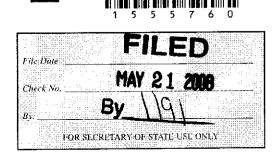
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

* In accordance with File 16.61. 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 penaity fee of \$25.00.					
1. Corporate ID No.	2. Name of Corpo				
105 16	<u> </u>	BUILDING FOR JESUS OUTREACH CHURCH INTERNATIONAL			······································
3. State of Incorporation	1 *	4. Corporate address in Rhode Island - Street Address			Zip
RHODE ISLAND 69 FAIRMONT AVENUE				PAWTUCK	
5. Foreign corporation. Enter pr		ī	City:	State	Zip NI (A
N/A 6. Brief Description of the character of the affairs which are actually conducted in Rho			N/A	N/A	N/A
7. NAMES AND ADDRESS President Name LAWRENCE M. JACKS	ES OF THE OFF	·		CES BEFORE USING	ATTACHMENTS
Street Address 69 FAIRMONT AVENUE			Street Address 27 AETNA STREET		
Citr	State	Zip	City	State	Zip
PAWTUCKET	RI	02860	WORCESTER	MA	01604
Secretary Name BARBARA JACKSON			Treasurer Name JAMES HOLMES		
Street Address 69 FAIRMONT AVENUE			Street Address 69 FAIRMONT AVENUE		
CHy	State	Zip	City	State	Zip
PAWTUCKET 8. NAMES AND ADDRESS	R es of the dir	02860 ECTORS: ("X" BOX FOR	PAWTUCKET ATTACHMENT) FOLUN SPA	RI ces before using	02860 Attachments
			ND) CORPORATION <u>SHALL</u>		
Director Name			Director Name		
ETTA COLLINS			ANTHONY FREEMAN		
Street Address			Street Address		
69 FAIRMONT AVENUE			87 CUSHING STREET		
CH):	State	Zip	Спу	State	Ζιþ
PAWTUCKET	RI	02860	LOWELL	MA	01854
Director Name LAURIS WEAH JACK	SON		Director Name		
Street Address 784 BROADWAY STREET			Street Address		
Clly	State	Zip	CMp	State	Zųp
LOWELL 9. REGISTERED AGENT IS	MA n rhode islan	01854 (d - do not alter -	 Changes require filing of F	erm 641 - R.I.G.L. 7-	6-13 / 7-6-78
Agent Name LAWRENCE M. JACH	KSON	. "	Address		
Address			CRy Z		p
69 FAIRMONT AVENUE			PAWTUCKET, RI		02860
		ithar the President Vic	e President Secretary Assista	nt Secretary Treasure	r. Receiver or Trustee

Title of Officer



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. remmy LAWRENCE M. JACKSON Print or Type Name of Officer PRESIDENT & GENERAL OVERSEER

Form 631 Rev. 12/06