

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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 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.	2. Name of Corporation	/ / / - / -							
122391	Zion Kireni (hic	ted Mithedist	(hunch						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City /	Zip						
Church	35 Kelient St		Martick	02886					
5. Foreign corporation. Enter prin	cipal office address	City	State	Zip					
6. Brief Description of the character	of the affairs which are actually conducted in Rhode Islo	and	•						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
7. NAMES AND ADDRESSES	OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES BE	FORE USING ATTACH	MENTS -					
President Name	11 . 11.	Vice President Name N/A							
Ros: NICI	1 H1019 40012		1/1-1						
Street Address 25 Poi	The Point Rosal	Street Address							
City Micalante	State Zip Zip	City	State	Zip					
Secretary Name L	K 2 16 204 20	Treasurer Name							
Dong	Suk CK	Sae M	grung Ch						
Street Address / // // Ame	rang lr.	Street Address 25 Keek	field Read						
POSSINCIONS 8. NAMES AND ADDRESSES	State Zip ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI	E Greenweck HMENTY FILL IN SPACES BI	State P. T. EFORE USING ATTACH	Zip All					
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC (RHODE ISLAND) O	Albitisa gajimi dinahista - 1941 - 1	THE POST OF STREET	(3). R.I.G.L. 7-6-23					
Director Name	AS OF A LOUIS THE WAY OF THE PARTY OF THE PA	Director Name	<u> </u>	(94. 1.1.1.0.2. 7.4.2.3					
Sun A	long Girn	Sac Me	urung Ch	UT TO THE					
Street Address	The First	Street Address	crificeld Rea	2 3 5					
$\frac{\sim 5}{\text{City}} \cdot 1 \cdot \frac{7}{5} \cdot $	State Zip	City ,	State	(A) 9 = 1					
N. Kingshun	RI. 12852	E. Greenwach	RI	82818					
Director Name DING	Suk Ck	Director Name	Char	\$2					
Street Address	PARLE Ex	Street Address . 3/	na Aria	12.					
City 1	State Zip	City : d / i	State -	Zip					
Portsmouth	P.T. 62871	es require filing of Form 64	I MA	(2703					
Agent Name		Address							
Res: 4/4	iuk Secnico								
Address 35 K.	West St.	w Warwick	Zip	1886.					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee									

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Under penalty of perjury, I declare a report, including any accompanying s	
statements contained herein are true a	nd correct.
Signature of Officer	Date
Donky Su	K CK
Print or Type Name of Officer	
The Secreta	ry of Church.
Title of Officer	Form 631 Rev. 03/07