

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

401.222.3

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. 46882	2. Name of Corporation JOY Fellowship Assembly of God							
3. State of Incorporation	4. Corporate address in RI	bode Island - Street Address KOENGON 1	109 Howard Ave	Hope	02831			
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 Church Services								
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH!		EFORE USING AFFACH	MENTS			
President Name Mark G. Benson			Vice President Name John Nadony					
Street Address / O 9 +	toward	AUG	Street Address DOCT		h Road			
HODE	State PT	15860	tlape vally	Siale CI	^{zip} 03833			
Secretary Name HMU	Holbroot	5	Treasurer Name					
Street Address 4066	South Co	ounty Trail	Street Address					
Charstown	State EI	z109813	City	State	Zip			
8 NAMES AND ADDRESSES THE NUMBER OF DIRECTO	OF THE DIRECTOR		UMENT)	BEFORE USING ATTACE BE LESS THAN THREE	14 14 14 14 14 14 14 14 14 14 14 14 14 1			
Director Name Mark	6. Beng	200	Director Name	Vadolny	DECOMPLEMENTAL CONTRACTOR CONTRAC			
Sireel Address 9 Hol	ward A	ve	Street Address N	orth Swite	ched			
Hope	State RT	^{Z10} 0283]	City Hupe Va	State RI	^{Z19} 02832			
Director Name AMU	Holbro	OK.	Director Name	\mathcal{O}				
Street Address HOLOG	S. Cour	ty Thail	Sireei Address	~ ~				
Charles Town	State RP HODE ISLAND DO	2812 No. 11111	City ** require filing of Form (State State	6.78			
Agent Name		200 / DEAN	Address 109	Howard	AUG			
Address / Mal	K Ben	500	HOPE	Zip O	1831			
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Under fenalty of perjury, I declare and affirm that I he report including any accompanying schedules and state	ave examine ments, and t	xd this hat all
statements contained herein are true and correct.	25	08
Significate of Officer S. Benson	Date	
Printer type Name of Officer TRESIDENT		
Title of Officer		