

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. 2. Name of Corporation 1. Corporate ID No. Joy for Christ Empowerment Center 203962 4. Corporate address in Rhode Island - Street Address 3. State of Incorporation City 02908 Providence 129 Sandringham Avenue RI State Z_{ip} City 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island We teach the Bible, the inspired Word of God, using CDs, podcasts and internet. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Michael Jefferson Street Address Street Address 129 Sandringham Avenue Apartment 2 Ζψ State City Ζψ RI 02908 Providence Treasurer Name Secretary Name Street Address Street Address State $Z\psi$ City Zψ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Raymond McCauley Sharon Jefferson Street Address Street Address 185 Jewett Street 4333 Forest View Drive Ζψ State Zio State 02905 RI Providence 28304 Fayetteville NC Director Name Director Name Michael Jefferson Street Address Street Address 129 Sandringham Avenue Apartment 2 State ZipCity State ZipCity RI 02908 Providence 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

	203962	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date _	FILED	statements contained herein are true and correct. 13 15 08 Signature of Officer Date
Check No	By DEC 16 2008 FOR SECRETARY OF STATE USE ONLY	Michael Jefferson Print or Type Name of Officer
Ву:		President Title of Officer Form 631 Rev. 09/17