

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 2009

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  Eternally	His MIN	istries			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhode Island Orive				Woonsakt	D2895	
5. Foreign corporation. Enter principal office address				State	Ζίρ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island The preaching of the Gospel of Lesus Christ						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name NANCY A. PASKANIK Street Address			Vice President Name DENISO MAYER			
34 Diana DRIVE			Street Address Fack Ave.			
Woonsocket	R.T.	02895	Woodsocket	State L. T.	02895	
Secretary Name TRACEY PASKANIK			NANCY A.	PaskANIK		
Street Address Knollwood Orive			Street Address O'ANA Drive			
Woodsocket	State L.T.	Zip 0λ895	Woodsocket	State L. I.	De 12895	
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 NANCY A. Paskanik Street Address			Denico MAYEL			
34 Diana Dr.			Street Address Fark Ave.			
wood Socket	State L. I.	02895	WOON SOCKET	State L. T.	Zip 0 2895	
TRACLY PaskANIK			Director Name			
Street Address Knoll wood Dr.			Street Address			
woodsocket	State L. T.	01895	City	State	Zip	
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						

	Under penalty of perjury, I declare and affirm that I have examined treport, including any accompanying schedules and statements, and that
FILED File Date	statements contained herein are true and correct.  Nancy & Lo Kanih 5/26
Check No MAY 2 7 2009	Signature of Officer Date  NANCY A. Caskanik
By 1810	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer