

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 401.2 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. 1 2 1 8 7 5	2. Name of Corporation	f Glory L	linistries, I	INC	- 11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3. State of Incorporation Rhode Island		bode Island - Street Address a ST	7	Warwick	zip ひみ 8 88		
5. Foreign corporation. Enter princ			City	State	Ζij		
6. Brief Description of the affairs which are actually conducted in Rhode Island Engaging in The Missionally activities of Proclaiming the gospel of the Lord Jesus Christ							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHN President Name JOS 2PL Tremble 4			Vice President Name OSON COSCO				
Street Address 222 Crescent AVE			Street Address Hart St				
Cranston	State RI	67410	Dighton	State Ma	0 J 715		
Secretary Name Cristiano Pina			Ray Zimberlin				
	AVE		Street Additess 4 T Bush S	T			
Pautricket	RI I	098E0	Fall River	\mathbb{M}^{a}	07774		
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							
Michael Sc	endel.		Cristiano	Pina			
Street Address	T		Street Address 538 We57	AVE			
New Bedford	State M.A.	07740	Pawtucket	State RT	02860		
Joseph Bosco			Ray Zimberlin				
Street Address	57		Street Address 47 Bush	5T			
DIGHTM 9. REGISTERED AGENT IN R	State M. G. CHODE ISLAND	07774	Fall River	State Ma	82724		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-1377-6-78							
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee							

File Date	FILED	,
heck No.	JUN 2 6 2009	
Ву:	By (a. 3.3	
FOR SE	CRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompaning schedules and statements, and that all statements contained lerein are true and correct.
Signature of Officer And Andrew Print of Type Name of Officer
Title of Officer Form 631 Rev. 09/17

Director Name: Angela Zimberlin Street Address: 47 Bush St.

City: Fall River State: MA Zip: 02724

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By 67875