

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

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.

permany just vj 423.00.					
1. Corporate 113 40.	2. Name of Corporation CROSS-CENTERED MINISTRIES				
3. State of Incorporation	4. Corporate address	in Rhode Island - Street Address	<u> </u>	City	Zip
RHODE ISLAND	52 NISB			PROVIDENCE	02906 5521
5. Foreign corporation. Enter pr			City	State	Zip
6. Brief Description of the characte	er of the affairs which are	actually conducted in Rhode Isl	and		
, ,,,,,,	J				
T MANUE AND ADDRESS		DC (#With now non-term)	THE THE TWO DESIGNATIONS OF THE PARTY OF THE	DEFEND MANAGEMENT	
President Name	ES OF THE OFFICE	KS: ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACE	HMENTS
	hson		Jemma Wilson		
Street Address			Screet Address	- 2	
52 NISBET	St.		3 Grean	es squa	<u>-e</u>
PROVIDENCE.	State RI	02905 5521	Lina NOAT	State	Zip
Secretary Name		1000000000	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
	TORS OF A DOMES	TIC (RHODE ISLAND)	CORPORATION SHALL NO	T BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name	1001000	
ROBERT WI	LSON		Sirvent Address	00115001	
52. NISBET ST.			Sirvente WISON Street Address 3 (Sreaver Source		
PROMPERS	State R.I.	02905-5521	City and Not	State	Zip
Director Name Ruth	nn su	zeman	Director Name		· · · · · · · · · · · · · · · · · · ·
Street Address Buf Avenve			Street Address		
9. REGISTERED AGENT IN	State V2 I RHODE ISLAND	02905	City	State	Zip
This information is currently	of record in the Off	ice of the Secretary of Stat	e. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-13/7	7-6-78
This report mus	st be signed by eithe	er the President. Vice Pres	ident, Secretary, Assistant S	ecretary, Treasurer, Recei	ver or Trustee

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date JUL 0 7 2009 Check No. D. () 2	Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer (resident.
FOR SECRETARY OF STATE USE ONLY	Title of Officer