State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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		
149099	CROSS-CENTERED MINISTRIES		
3. State of Incorporation	**4. Corporate address in Rhode Island - Street Address**	**City**	**Zip**
RHODE ISLAND	52 NISBET ST.	PROVIDENCE	02906-5521
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

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
ROBERT WILSON			Jemma Wilson		
Street Address			Street Address		
52 NISBET ST.			3 Greaves Square		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02905-5521	Kingston		
Secretary Name			**Treasurer Name**		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				UK	

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			Director Name		
ROBERT WILSON			Simone Wilson		
Street Address			Street Address		
52 NISBET ST.			3 Greaves Square		
City	State	Zip	City	State	Zip
PROVIDENCE	R.I.	02905-5521	Kingston		
Director Name			Director Name		
Ruth Ann Sugerman					
Street Address			Street Address		
93 Bluff Avenue					
City	State	Zip	City	State	Zip
Cranston	RI	02905		UK	

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

[redacted] [redacted]

FILED

File Date JUL 07 2009

Check No. By 4123

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date*

ROBERT WILSON
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 631 Rev. 09/17