

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007 Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN B

ovidence, RI 02904-2615 401.222.3040

	7-6-94, each corporation	failing or refusing to file	its annual report within the time p	INTED LEGIBLY IN BI prescribed by law (R.I.G.L. )	ACK INK. 7-6-91) is subject to a	
1. Corporate ID No.	2. Name of Corporation					
1 68241	160501 TOO 100					
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Addres	reach Ministries	MC.		
Rhase Islano	145 OAK	Lano Ave	,	Providence	21p 03908	
5. Foreign corporation. Enter pri	incipal office address		City	State	03108	
L.				siate	Zip	
6. Brief Description of the character	r of the affairs which are a	ctually conducted in Rhode I	sland			
Church		, and a second of the second o				
7. NAMES AND ADDRESSE	S OF THE OFFICER	S. C"Y" BOY FOR ATTAC	HISTORY TO COLOR			
President Name	<b> </b>	or ( ar Boar on Arraca	I FILL IN SPACES	ENT)  FILL IN SPACES BEFORE USING ATTACHMENTS		
Revereno Mardun Lassitar			Vice President Name			
Street Address			MARGIE STUPPARD			
110			Street Address			
42 Wacoman Street			1 37 Halporn St			
Car Carago	State	Zip	City	State	Zip	
Yron oence	LKL	02907	MATTAPan	MA	03/26	
Secretary Name			Treasurer Name		90100	
Frances Hayes			Anox Stupparo			
Street Address			Street Address			
27 Cherry Ro	04		39 Halisan S	+		
City	State	Zip	City	State	Ta:	
Chanston	IRU	02905	م ا	i	Zip	
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: C"Y" ROY FOR ATTA	MATTA PAN	1 WA	02126	
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			ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
			Director Name			
Chery Johnson.			Clara Norman			
Street Address			Stroot Address			
11d terms five			28 HACCIS AVE #204			
City	State	Zip	City	Stage	Zip	
Kumforn	I KI	03915	Carcton	ľΩi		
Director Name		3 (13	Director Name	1 1/1	05650	
KAY FELLAGA			Director Name			
Street Address					· · ·	
104 Stamford Ave			Street Address			
1/40/4	State	Zip	City	State	Zip	
MOVIDENCE	1 1/1	03907	I		'	
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 the signed by						

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

FILED File Date	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 therein are true and correct.
Check No. NOV 1.2 2000	Signature of Officer Date
By. By 10 30	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17