

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 2010 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

penalty fee of \$25.00.	, and the first	umaut report within the time pro	escribea by law (R.I.G.L. /-	6-91) is subject to a
1. Corporate 1D No. 2. Name of Corporation 44316 Eternally His	MINIST	Ties		
3. State of Incorporation 4. Corporate address in Rhode Island -	- Street Address	79104	100	
Rhode Island 34 Viana Dri	ive		Woodsacket	01895
5. Foreign corporation. Enter principal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conduct	ted in Phodo tela	0/		
The preaching of the gospel				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX I			EFORE HOLDO AND COM	
President Name		Vice President Name	EFORE USING ATTACH	MENTS
NANCY A. PASKANIK		VENICE MAYER		
Street Address Giana Orivi		Street Address Fack		
	845	woons ocket	State N.T.	02895
Tracey PASKanik		Treasurer Name  NANCY A	PackANIK	
Street Address Knollwood Orivi		Street Address Diana		
	895	WoonSocket	State R.T.	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX	X FOR ATTACE	MENT) FILL IN SPACES B	EFORE USING ATTACH	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE	ISLAND) CO	ORPORATION <u>SHALL NOT I</u>		
NANCY A. PaskANIK		Director Name  OFNICE MAYER		
Street Address Viana Or.		Street Address	Ave.	
Woonsocket L.I. 02	895	woo Nsocket	State L.T	01895
Director Name Tracey Paskanik		Director Name		
LEKnollwood Drive		Street Address		
woodsocket state L.T. Zip 02	895	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND			1	:
This information is currently of record in the Office of the Secret	etary of State.	Changes require filing of Form	641 - R.I.G.L. 7-6-13/7-6	5-78
This report must be signed by either the President				

FILED	Under penalty of perjury, I declare and affirm that I have examined this
File Date JUN 01 2010	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No. BY	Signature of Officer Date NANCY A. PaskANIK
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Title of Officer