

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 prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

penalty jee of \$23.00.					
1. Corporate ID No.	2. Name of Corporation	***			
141176	Shekinah Family Worship Center				
3. State of Incorporation	4. Corporate address in .	Rhode Island - Street Ac	ddress	City	Zip
Rhode Island	20 Trinidad St.			Providence	02908
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the charac	cter of the affairs which are ac	tually conducted in Rh	ode Island		,
To advance the kingdom	of God , by builing one	e person at a time			*
7. NAMES AND ADDRES	SES OF THE OFFICERS	S: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
Philip N. Miller			Sandra V. Miller		
Street Address			Street Address		
20 Trinidad St.			20 Trinidad St.		
Сиу	State	Zip	City	State	Zip
Providence	Rhode Island	02908	Providence	Rhode Island	02908
Secretary Name			Treasurer Name		
Delores Norman			Alice williams		
Street Address			Street Address		
1043 York Ave			9 State St.		
City	State	Zip	City	State	2φ 028 5 2
Pawtucket	Rhode Island	02861	N. Kingston	Rhode Island	10000
			ATTACHMENT) TILL IN SPA		Vision I
i i	CTORS OF A DOMEST	C (RHODE ISLA!	ND) CORPORATION SHALL	NOT BE LESS THAN THRE	and the second s
Director Name			Director Name		
Erik G. Miller			Spencer T. Green —		
Street Address			Street Address		
20 Trinidad St.			163 Summer St.		
City	State	Zip	City	State	Zip
Providence	Rhode Island	02908	Somerville	Mass	024913
Director Name			Director Name		55
Rufus Jackson					
Street Address			Street Address		
22 Joslin St.		γ			
City	State	Zip	City	State	Zip
Providence 9. REGISTERED AGENT	Rhode Island IN RHODE ISLAND	02908	ı	I	I
This information is curren	tly of record in the Offic	e of the Secretary o	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	/7-6-78
This report n	nust be signed by either	the President, Vice	e President, Secretary, Assista	nt Secretary, Treasurer, Rec	eiver or Trustee

— 141176	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained herein are true and correct. Signature of Officer Philip N. Miller
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer Form 631 Rev. 09/17