

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 sensity for a \$25.00

penalty fee of \$25.00.						
1. Corporate ID No. 161247	2. Name of Corporation .	ctory Apo	stolic churc	ch of De	liverance	
3. State of Incorporation	4. Corporate address in RE	ode Island - Greet Addless SEKAN 84 -		(City)	02895	
5. Foreign corporation. Enter princ	ipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
Church Services VIDLE Education 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Postor WIII	iam H.	Nared	Vice President Name	Syanoelist c	Stella No	
Street Address Rebekah 6t.			147 Reberah et			
War.	State BI	²⁴⁾ 02895	Woon	State PSI	²⁴⁰ 0-2895	
Secretary Name Typesha	Jared =	loseph	Typesha N	lared Ja	seph	
Street Address Cumberland ot.			Street Address Cumberland St.			
in an	State PI	²¹⁹ 02895	^{City} ₩∞∩	State KI	²⁰ 02895	
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 17/1/CIA JACKSON			Jackie Johnson			
Street Address 232 Walla	ace est.		Street Address 154 P	leasant	St.	
Providence	State	0a909	City WWY	State	²¹⁰ € 2895	
Sherice Bedacod			Director Name TURNE N	vanzie N	aved	
Street Address Cumberland St. 1824 Main St.						
WCON RI O2895 New Rochelle N, Y 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						

Ellen	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.
JUN 3 0 2010	92:01 HY OE HAT DIESTELLA Mared
By 121578	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	AIG CHOEF MOD CO - HOSTOR DYESIDENT BIVES - ACT HOST Title of Officer Form 631 Rev. 09/17