

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

rovidence, RI 02904-2615 401,222,3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.					<del></del>	
1. Corporate ID No.	2. Name of Corporati	on O O O	trajer			
152042	Words	flife Cloba	Ministries	-0	Zip	
3 State of Incorporation		in Rhode Island - Street Addr		City	1 '	
RhodeLsland		road Stre		Cranston	02505	
5. Foreign corporation. Enter pri-	ncipal office address		Citr	State	Zip	
<u></u>						
6 Brief Description of the character	of the affairs which are	e actually conducted in Rhode	isiana			
Church			وقبل رايان دين المعالم فسور المراز		C*********	
7. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN SPACES	S BEFORE USING ATTA	CHMENIS	
Bishop Jerome T. Edgeston			Vice President Name			
Street Address			Street Address			
17 pennsilvana	Ave				72.	
Gity .	State	Zip	Cit):	State	Zip	
Providence	RI.	02905		<u></u>		
Secretary Name			Treasurer Name			
Yvette Tomli	1501		Dherry Washington			
Street Address			Street Address	Street Address		
	State	Zip	Gity	State	Zip	
City O	O T	02505	0	0	07909	
8. NAMES AND ADDRESSI	FROETHEDIREC		TACHMENT) FILL IN SPACE	S BEFORE USING ATTA		
THE NUMBER OF DIRECT	TOPS OF A DOME	STIC (RHODE ISLAND	) CORPORATION SHALL NO	A COUNTY OF THE SECOND STATE OF THE SECOND STA		
Director Name	CANNON TO COMME	सन्दर्भ प्रतिकृतिक स्वयुक्त स्थापन स्थापन -	Director Name			
1			Sherry Washington			
Stephanie Taylor			Street Address			
46 Grove Street			45 Hershel Street			
City	State	Zip	City	State	Zip = 3 C A S	
E. Providence	<u> </u>	02514	Providence	16.2.	02509	
Director Name Vertt Tomlin	San		Director Name			
Street Address			Street Address			
199 Rosbar S	treat					
City	State	Zip	Citi).	State	Zip	
Providence   P.I.   02105						
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently	y of record in the C	Office of the Secretary of	State. Changes require filing of	Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This report mu	ist be signed by eit	her the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, Ro	ecciver or Trustee	

	FILED				
File Dote Check No	DEC 01 2	010			
Ву:	By	<b>)</b>			
FC	OR SECRETARY OF STATE USE O	NIA.			

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.

statements contained be	eas are tide and	conect.	
Signature of Officer			Date
Bishop J	ero me T.	Edseto.	
Print or Type Name of Of	ficer		

110	9	5.	de	£
T tle	of (	Offic	:er	