



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2610  
401.222.3000

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**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.

|                                                                                                                                              |                                                                                          |                                                                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------|
| 1. Corporate ID No.<br><b>35488</b>                                                                                                          |                                                                                          | 2. Name of Corporation<br><b>House of Prayer Deliverance Church of All Nations</b> |                           |
| 3. State of Incorporation<br><b>RI</b>                                                                                                       | 4. Corporate address in Rhode Island - Street Address<br><b>121-123 Lexington Avenue</b> | City<br><b>Providence</b>                                                          | Zip<br><b>02907</b>       |
| 5. Foreign corporation. Enter principal office address                                                                                       |                                                                                          | City                                                                               | State                     |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island                                            |                                                                                          |                                                                                    |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                                                                                          |                                                                                    |                           |
| President Name<br><b>FATTH MARTIN</b>                                                                                                        |                                                                                          | Vice President Name<br><b>Derek MARTIN</b>                                         |                           |
| Street Address<br><b>121 Lexington Avenue #3</b>                                                                                             |                                                                                          | Street Address<br><b>121 Lexington Avenue #3</b>                                   |                           |
| City<br><b>Providence</b>                                                                                                                    | State<br><b>RI</b>                                                                       | Zip<br><b>02907</b>                                                                | City<br><b>Providence</b> |
| Secretary Name<br><b>Angela Sostre</b>                                                                                                       |                                                                                          | Treasurer Name<br><b>Nike AKINLOBI</b>                                             |                           |
| Street Address<br><b>110 Lincoln Avenue</b>                                                                                                  |                                                                                          | Street Address<br><b>100 Whitmarsh Street</b>                                      |                           |
| City<br><b>Central Falls</b>                                                                                                                 | State<br><b>RI</b>                                                                       | Zip<br><b>02903</b>                                                                | City<br><b>Providence</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><b>FATTH MARTIN</b>                                                                                                         |                                                                                          | Director Name<br><b>Derek MARTIN</b>                                               |                           |
| Street Address<br><b>121 Lexington Avenue #3</b>                                                                                             |                                                                                          | Street Address<br><b>121 Lexington Avenue #3</b>                                   |                           |
| City<br><b>Providence</b>                                                                                                                    | State<br><b>RI</b>                                                                       | Zip<br><b>02907</b>                                                                | City<br><b>Providence</b> |
| Director Name<br><b>Nike AKINLOBI</b>                                                                                                        |                                                                                          | Director Name                                                                      |                           |
| Street Address<br><b>100 Whitmarsh Street</b>                                                                                                |                                                                                          | Street Address                                                                     |                           |
| City<br><b>Providence</b>                                                                                                                    | State<br><b>RI</b>                                                                       | Zip<br><b>02907</b>                                                                | City                      |
| 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. 7-6-13/7-6-14 |                                                                                          |                                                                                    |                           |

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

**FILED**

APR 28 2011

BY

**143384**  
**DS**

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.

Signature of Officer

**FATTH MARTIN**

President / Pastor

Date

**4/12/11**

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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