

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 2000.

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. Corporage ID No. 143	2. Name of Corporation THE APOSTO 46 C	Aurent Pes		IS ENBLY
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	AWTUCKET RI	City	02861
5. Foreign corporation. Enter principal office address		City	State	Zip
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6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
CHURCH, PRAYER, COUNSELLING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				MENTS
President Name BAAH ACH AMPOUR		Vice President Name KWAME DARKO		
Street Address 17 STEARNS ST		Street Address 17 STEARNS ST		
Awinar-T	State R1 2102361	of Awaruke	State R1	02861
Secretary Name	AROASYE	Treasurer Name	AGYEN (COBB INAH
Street Address 1 DVNNELL LANE		Street Address 1 DV NVELL LANE		
PANTYUKET	State R 02860	PAWOULET	State R1	02860
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		Director Name	ABOAGY	= 1100-0-11
MAC K	WAS OF CHEKE	AN TOTHUS	812 305	€ T+154+001
Street Address 421 TOLLA	20E # 78 Am	Street Address 1 DUNNELL	LANE	
E HARIFORD	State CT 2106905	City Powruckit	State R	07860
Director Name RAAH ACHAM Fork		Director Name WwAnt Dools		
Street Address		Street Address		
17 STDS/105 ST		17 STANS SI		
CHY PAWTUCKET	State R1 2ip 0286/	AWTUN TI	State P	Zip D 2561
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				

Ell ED C	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED	statements contained herein are true and correct.
File Date MAY 1 7 2011 88	: 11 HV LI LYW 1 102 Signature of Officer Date
By: 34 144581 11:38 -	AIO SNOVIS TO DIOS Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17