Ctote of Dhode Jelend and Drevidence Disptations
State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222-3040
etary of ³ (401) 222-3040
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30
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.
ANNUAL REPORT YEAR: 2011
1. Corporate ID No. 000028708
2. Name of Corporation HOUSE OF MANNA MINISTRIES
3. State of Incorporation
State: <u>RI</u>
4. Corporate Address in Rhode Island
No. and Street: <u>425 MESHANTICUT VALLEY PARKWAY</u> , APT. 312
APT 312
City or Town: CRANSTON State: RI Zip: 02920 Country: USA
5. Foreign Corporation. Enter Principal Office Address
No. and Street:
City or Town: State: Zip: Country:
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT ROBINSON	425 MESHANTICUT VALLEY PKWY APT 312 CRANSTON, RI 02920 USA
SECRETARY	PHYLLIS HARRIS	CAMP ST. PROVIDENCE, RI 02904 US
VICE PRESIDENT	GLENDA ROBINSON	425 MESHANTICUT VALLEY PKWY APT 312 CRANSTON, RI 02920 USA
OTHER OFFICER	ROBERT ROBINSON	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920
DIRECTOR	JEFFREY WRIGHT III	3 COMMONWEALTH AVE APT C-10 ATTLEBORO, MA 02703 USA
DIRECTOR	PHYLIS HARRIS	311 CAMP ST. PROVIDENCE, RI 02904 USA
DIRECTOR	JEANETTE PARIS	118 POND ST. REHOBETH, MA 02769 USA

REV. ROBERT L. ROBINSON 425 MESHANTICUT VALLEY PARKWAY, APT 312 CRANSTON, RI 02920

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

Signed this 30 Day of May, 2011 at 12:25:53 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERT ROBINSON

Signature of Officer of the Corporation

____Treasurer or ____Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631 Revised 09/07

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