

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 11 401.222.3040

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 regular fee of \$25,00

penalty fee of \$25.00.		0 , 0 ,	·			
1. Corporate ID No. 141176	2. Name of Corporation Shekinah Family Worship Center					
3. State of Incorporation R. I.	4. Corporate address in F 20 Trinio	lbode Island - Street Address IAO St.		City Prov	^{Zip} 02908	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the characte	r of the affairs which are ac	tually conducted in Rhode Isla	nd	•	•	
	_		ne person at a time			
	ES OF THE OFFICERS	: ("X" BOX FOR ATTACH	WENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Condro V Millor			
President Name Phillip N. Miller			Sandra V. Miller			
Street Address 20 Trinidad St.			Street Address 20 Trinidad St.			
Prov Prov	State RI	^{Zip} 02908	Prov	State RI	^{zip} 02908	
Secretary Name Delores Norman			Treasurer Name Alice Willams			
Street Address 1043 York Ave.			Street Address 9 State St.			
Pawtucket	State RI	^{Zip} 02861	N. Kingston	State R1	^{Zip} 02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECT Director Name Erik G.		C (RHODE ISLAND) C	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Spencer T. Green			
Street Address			Street Address			
20 Trinidad ST.			2924 Kassarine Pass			
City Prov	State RI	^{Zip} 02908	^{City} Austin	State TX	^{Zip} 78704	
Director Name Rufus .	Jackson		Director Name			
Street Address 22 Joslin St.			Streel Address			
City Prov	State RI	^{Zip} 02908	City	State	Zip	
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						

JUN 21, 20119 21	
	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all latements coolained herein are true and correct
File Date	String Swall Swall III
Check No.	On Willer
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer 16Sident Title of Officer