



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 02904-2615
401.222.3040

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. 103787 | | 2. Name of Corporation A-47 INTERDENOMINATIONAL CHRISTIAN ASSEMBLY | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 483 WASHINGTON STREET | |
| | | City PROVIDENCE | Zip 02903 |
| 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 TO PROVIDE FOOD, CLOTHING, HOUSING, CHRISTIAN VALUES, EDUCATION AND REHABILITATION TO CHILDREN WHO HAVE BEEN DISPLACED OR SEPARATED FROM THEIR FAMILIES. | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name RALPH L. FLOWERS | | Vice President Name VASSAH FLOWERS | |
| Street Address 483 WASHINGTON STREET | | Street Address 483 WASHINGTON STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02903 | | Zip 02903 | |
| Secretary Name CHADENE KNIGHT | | Treasurer Name THERESA Y. PIERCE | |
| Street Address 483 WASHINGTON STREET | | Street Address 483 WASHINGTON STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02903 | | Zip 02903 | |
| 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 ROSELINE GOODRIDGE | | Director Name ANGELINE KOLLIE | |
| Street Address 483 WASHINGTON STREET | | Street Address 483 WASHINGTON STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02903 | | Zip 02903 | |
| Director Name MCNEIL H. WHITE | | Director Name | |
| Street Address 483 WASHINGTON STREET | | Street Address | |
| City PROVIDENCE | State RI | City | State |
| Zip 02903 | | | |
| 9. REGISTERED AGENT IN RHODE ISLAND RALPH L. FLOWERS | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-28 | | | |

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

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CORPORATIONS DIV
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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.

Ralph L. Flowers 8/4/11
Signature of Officer Date
Pastor
Print Full Name of Officer

Title of Officer

FILED
AUG 04 2011
Check No. **149758**
By: **[Signature]**
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