

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 /3 3							
1. Corporate ID No.	2 Name of Corporation = Oneness Project						
3. State of Incorporation	1. Corporate address in R	oodg Island - Street Address	<u> </u>	Ciyo /	Zip		
RT	172 On	/ / ('/-	•	(ran How	02910		
5 Foreign corporation. Enter prins	1 / /	nung ul	City	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
Promotes human unity through ants and I tens time							
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTACH	MENT) [] FILL IN SPACES B	EFORE USING ATTACH	MENTS		
President Name Ktuin J Munchy			Vice President Name				
Street Address Onchard St			Street Address				
City	State	Zip	Сйу	State	Ζψ		
Cranston	YCI	029/0					
Secretary Name			Treasurer Name				
Street Address			Street Address				
City'	State	Zip	City	State	Zip		
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							
REVIN J Murphy			Director Name Maria T. Manshy				
172 Onchand St			Street Address				
Cranston	State PI	24 02910	Cran ston	State RI	7.ip 0 2 910		
Director Name Darren J. Munphy			Director Name				
Street Address 175 On chand &			Street Address				
Crawstun	State PL	02910	Сиу	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 was the signed by sither the Bregident Vice Bregident Secretary Assistant Secretary Treasurer Deceiver or Trustee							

		report, including any accompany
File Date FILE	ED	statements contained herein are
Check No. AUG 16	2011	Signature of Officer REVIN J.
By: By FOR SECRETARY OF STATI	1) 15031/	Prini or Type Name of Officer
LOR SECRETART OF STATE	L GSL GREI	Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this ying schedules and statements, and that all Form 631 Rev. 09/17