



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 87742		2. Exact name of the Corporation Harvest Family Church, Inc.			
3. State of Incorporation Oklahoma		4. Brief description of the character of business conducted in Rhode Island Pastoral counseling, outreach to the homeless, office administration			
5. Principal office address 7158 S 73rd East Ave		City Tulsa	State OK	Zip 74133	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara Thorne		Vice-President Name Susan Cole			
Street Address 526 Middle Highway		Street Address 2266 Acushnet Ave.			
City Barrington	State RI	Zip 02806	City New Bedford	State MA	Zip 02745
Secretary Name Terri Blanchett		Treasurer Name Terri Blanchett			
Street Address PO Box 192		Street Address PO Box 192			
City Vale	State SD	Zip 57788	City Vale	State SD	Zip 57788
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jason Blanchett		Director Name Genny Travis			
Street Address 86 Marchand St.		Street Address 1823 Bay St.			
City Fall River	State MA	Zip 02723	City Fall River	State MA	Zip 02724
Director Name Linda Wakefield		Director Name Stephen Gleadow			
Street Address 392 Young Bend Rd		Street Address 143 Meadow Ridge Pkwy			
City Bear Creek	State AL	Zip 35543	City Dover	State DE	Zip 19904
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

MAY 21 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By *Barbara A. Thorne*
CR#9455

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.

Signature of Officer *Barbara A. Thorne* Date *05/15/2012*

Barbara A. Thorne

Print or Type Name of Officer

President

Title of Officer