

## 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.

1. Entity ID No.	į.	2. Exact name of the Corporation						
93977	ROCK M	ROCK MINISTRIES						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island     TO PROMOTE THE WORD OF JESUS CHRIST OUR LORD THROUGH							
RHODE ISLAND	EVANG	EVANGELIZATION.						
Principal office address 336 MAIN STREET			City WAKEFIELD	State RI	Zip <b>02879</b>			
SLESTALL GRANGERS AN	AMES AND ADDE	(ESSES) (#X" BOX FOR	ATACHME (D)		na esa asa es			
President Name SUSAN BRADBURY			Vice-President Name					
Street Address P.O. BOX 228			Street Address					
City JOHNSON CITY	State TN	Zip <b>37605-0228</b>	City	State	Zip			
Secretary Name SHARON MURRAY			Treasurer Name SUSAN BRADBURY					
Street Address 20 OSPREY ROAD			Street Address P.O. BOX 228					
City <b>WAKEFIELD</b>	State RI	Zip <b>02879</b>	City JOHNSON CITY	State TN	Zip 37605-0228			
7, LIST ALL DIRECTORS ( "X" BOX FOR ATTACH	NAMES AND ADD	PRESSES), RHODE ISLA	nd Corporations <u>Mus</u> t Lis	IT NO LESS THAN	THREE (3) DIRECTO			
Director Name SUSAN BRADBURY			Director Name SHARON MURRAY					
Street Address P.O. BOX 228			Street Address 20 OSPREY ROAD					
City JOHNSON CITY	State TN	Zip 37605-0228	City WAKEFIELD	State RI	Zip <b>02879</b>			
Director Name WILLIAM MURRAY			Director Name	,				
Street Address 20 OSPREY ROAD		Street Address						
City WAKEFIELD	State RI	Zip <b>02879</b>	City	State	Zip			
. REGISTERED AGENT IN	LATE AND ADDRESS OF THE PARTY O							
Marker 1 and a marker 10 and 1	the of voncent in the	Office of the County.	of State. Changes require filing	E 044				

## FILED

Fle Date	UN 19 20	1) this report, including a	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.		
By:  FOR SECRETARY OF STATE USE ONLY	73	Signature of Officer SUSAN BRADBUI	riadlung RY	16/2012 Date	
		Print or Type Name of O	fficer		
Form No. 631		PRESIDENT			
Revised: 05/2012	Title of Officer				