



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. 93977		2. Exact name of the Corporation ROCK MINISTRIES			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE WORD OF JESUS CHRIST OUR LORD THROUGH EVANGELIZATION.			
5. Principal office address 336 MAIN STREET			City WAKEFIELD	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SUSAN BRADBURY			Vice-President Name		
Street Address P.O. BOX 228			Street Address		
City JOHNSON CITY	State TN	Zip 37605-0228	City	State	Zip
Secretary Name SHARON MURRAY			Treasurer Name SUSAN BRADBURY		
Street Address 20 OSPREY ROAD			Street Address P.O. BOX 228		
City WAKEFIELD	State RI	Zip 02879	City JOHNSON CITY	State TN	Zip 37605-0228
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 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 02879
Director Name WILLIAM MURRAY			Director Name		
Street Address 20 OSPREY ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
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

JUN 19 2012

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.

1073

Signature of Officer
Susan Bradbury

Date
4/16/2012

SUSAN BRADBURY

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY