

## 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.	2. Exact name of the Corporation			
57804	MARY'S WAY WO	MANTO WOMEN	LTD	
3. State of Incorporation	4. Brief description of the character of bu	usiness conducted in Rhode Island	SEM	vita Carre :
R.I.	PRAYER MINISTRY FOR	MENT WORLD , HEAL	INGUER	ALES- J. HINELAYS
$N \cdot L'$	20 allrese Spiri	TUAL * PSYCOlogiCI	LNEED	IS OF WIMEN
5. Principal office address	<u> </u>			
20 CARDI	CIRCLE	CRANSTON	<u> </u>	02920
6. LIST ALL OFFICERS (NAMES President Name	S AND ADDRESSES) ("X" BOX FOR AT	TACHMENT) Vice-President Name	<del></del>	
BERNADETTE	M. CONTE	KATHERINE C	ONTE	
Street Address	RCLE	Street Address QILBER	T STUA	RT DR,
City CRANSYON	State Zip D 2920	City E. GREEWWICH	State	
Secretary Name	102128	Treasurer Name	1712	0270-
SUSAN WHI	hhlm	BERNADETT	Emo	SNE
Street Address	PPLE	Street Address	^	
125 SCITUATE	AUE	In CARDI	CIRC	15
CRANSTON	Staté Zip 02921	CAPMSTON	State Z	Zip 0 2 9 20
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESSES). RHODE ISLANI ) $\Box$	D CORPORATIONS <u>MUST</u> LIST NO	LESS THAN TI	HREE (3) DIRECTORS
Director Name	- ( 1 - =	Director Name	~T ! !	T.i.
BERNADETT.	En.CUNIE		STANI	1140
Street Address	IRCLE	Street Address	115	DO
CITY CRANSMY	State T Zip 12921	City LINCOLN	State	Zip
Director Name		Director Name	1 12	
SOSAN WH	IPPLE	Shoot Hamo		
Street Address	NATE AUF.	Street Address		
City /29 JU /	State Zip	City	State	Zip
CRANSTON	RI 02921			
8. REGISTERED AGENT IN RHO	DE 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			
File Date	JUN 22 2012	Under penalty of perjury, I decise this report, including any according		
File Date	By_MMC	and that all statements contain		
Check No		Barnslow.	m. Co.	nte 6/2,/1,
By:	(1/4#-1148	Signature of Officer	-//	Date/
•		REOMANETTE	m. Con	ITE
FOR SECRETARY OF STATE	USE ONLY	Print or Type Name of Officer	1./ -0.00	,
		Lap. dink		
		Title of Officer		