



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

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SECRETARY OF STATE  
CORPORATIONS DIV  
JUN 22 PM 3:42

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

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. 139899		2. Exact name of the Corporation THE FAITH HEALING TEMPLE OF JESUS CHRIST, USA	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO ASSIST the Faith Healing Temple of Jesus Christ in Liberty To ASSIST members in times of Hardship.	
5. Principal office address 10 TARRAGON		City JOHNSTON	State RI
		Zip 02919	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>			
President Name JOSEPH KOON		Vice-President Name Philomina Robinson	
Street Address 10 Tarragon Dr.		Street Address 77 Sherwood Street	
City Johnston	State RI	City Providence	State RI
Zip 02919		Zip 02903	
Secretary Name John Sagbah		Treasurer Name SATA KOON	
Street Address 59 Arlington St.		Street Address 10 Tarragon Dr.	
City Lowell	State MA	City Johnston	State RI
Zip 02919		Zip 02919	
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b>			
Director Name Joseph Koon		Director Name John Sagbah	
Street Address 10 Tarragon Dr.		Street Address 59 Arlington St.	
City Johnston	State RI	City Lowell	State MA
Zip 02919		Zip 02919	
Director Name Philomina Robinson		Director Name Oliver Hunter	
Street Address 77 Sherwood St		Street Address 199 Back River Rd	
City Providence	State RI	City Bedford	State NH
Zip 02908		Zip 03110	
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>			
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

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By \_\_\_\_\_  
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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: *Joseph Koon*  
Date: \_\_\_\_\_  
Print or Type Name of Officer: JOSEPH KOON  
Title of Officer: President