

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 • FAIL	URE TO FILE T	HIS REPORT BY JU	LY 30 WILL RESI	ULT IN A \$25.00	PENALTY F	EE.	200	
1. Entity ID No.	2. Exact name of	the Corporation				<u></u>	72	
640496	Ebenezer Woodin Center					JUN 25	JAR ORAI	
State of Incorporation	Brief description	n of the character of bu	siness conducted in	Rhode Island		700	50	
RI	(Church	Λ			=	F STA	
5. Principal office address	_		City Wows	not-1	State	Zip		
562 Cass AV				wet r		0687)	
6. LIST ALL OFFICERS (NAMES President Name	S AND AUDRESS	ES) [= X = BUX FUH A1;	Wise-President Nar	ne	1			
Sarra Ma	vine?		Dervar	sel Ha	rtinez			
Street Address	و.		Street Address	dite	1 317 723	·		
City	State	Zip	City		State	Zip	_	
woorsocket	K-1.	107860	Masses	set_	Kil.	102842		
Secretary Name Siava Vale	stin	·	Treasurer Name	a Martin	nez	····		
Street Address 1045aules St		-	Street Address	ird Ave	2			
Woorbaket	State	D2895	City	Ket.	State .	zip 02895	-	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT		SES). RHODE ISLAND	CORPORATIONS	MUST LIST NO L	ESS THAN TH	IREE (3) DIRE	CTORS	
Director Name	7		Director Name	Varauca	7		·	
Street Address	e	_	Street Address	18. Ave	2			
Wansacket	State K:	02895	Woods	Ket	State 1	Zip 02895	-	
Pirector Name Nanda Almo	davar		Director Name	11e Orti	7			
Street Address 346. Village Road	<u> </u>		Street Address	igh.St				
City J	State	2ip 02895	City	الصلام	State	Zip	_	
NOONSOCK OF 8. REGISTERED AGENT IN RHO	DDE ISLAND	10//19		レトレオ	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MYOUN		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.								
L		President, Vice-Preside				er or Trustee		

File Date		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.			
Check No		Signature of Officer Date	-12		
FOR SECRETARY OF STATE USE ONLY	FILED	Sandra Wartinez Printor Type Name of Officer			
Form No. 631	JUN 2 5 2 012	Pastor	_		
Revised: 05/2012	1: 173422	Title of Officer			