



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. 28589		2. Exact name of the Corporation Mission from God Healing Ministries Inc.	
3. State of Incorporation Portsmouth R.I.		4. Brief description of the character of business conducted in Rhode Island To preach the Gospel of Jesus Christ	
5. Principal office address 26 Chardon Dr.		City Portsmouth	State R.I.
		Zip 02871	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Maria C. Rocha		Vice-President Name Joseph V. Rocha	
Street Address 26 Chardon Dr.		Street Address 26 Chardon Dr.	
City Portsmouth	State R.I.	City Portsmouth	State R.I.
Zip 02871		Zip 02871	
Secretary Name Ann Pierce		Treasurer Name Ann Pierce	
Street Address 35 Chardon Dr.		Street Address 35 Chardon Dr.	
City Portsmouth	State R.I.	City Portsmouth	State R.I.
Zip 02871		Zip 02871	
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 Shannon McDonald		Director Name Peter Gallipeau	
Street Address 40 Chardon Dr.		Street Address 2 Broadway	
City Portsmouth	State R.I.	City Newport	State R.I.
Zip 02871		Zip 02740	
Director Name Rev. Fr. Jay Finelli		Director Name	
Street Address 311 E. Hooper St.		Street Address	
City Providence	State R.I.	City	State
Zip 02871		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

File Date _____ **AUG 21 2012**

Check No _____

By: _____ **3552**

FOR SECRETARY OF STATE USE ONLY

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.

Maria C. Rocha 8-20-12
 Signature of Officer Date

MARIA C. ROCHA
 Print or Type Name of Officer

President
 Title of Officer