



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.

2012 AUG 27 AM 11:30
CORPORATIONS DIV

1. Entity ID No. 703081		2. Exact name of the Corporation CYBA HEALTH EDUCATIONAL MINISTRY	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Educational Training on Healthy Life Style	
5. Principal office address 31 NORWICH AVE APT 2		City PROVIDENCE	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name MICHELLE F. MASON		Vice-President Name PAULINE THOMAS	
Street Address 1199 EASTERN PARKWAY APT 11		Street Address 464 LEXINGTON AVE APT 3	
City BROOKLYN	State NY	City BROOKLYN	State NY
Zip 11213		Zip 11221	
Secretary Name MONIQUE MORATES		Treasurer Name PAULINE THOMAS	
Street Address 746 FOSTERTOWN RD		Street Address 464 LEXINGTON AVE APT 3	
City WALKILL	State NY	City NY	State NY
Zip 11221		Zip 11221	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name MICHELLE F MASON		Director Name PAULINE THOMAS	
Street Address 1199 EASTERN PARKWAY APT 11		Street Address 464 LEXINGTON AVE APT 3	
City BROOKLYN	State NY	City BROOKLYN	State NY
Zip 11213		Zip 11221	
Director Name MONIQUE MORATES		Director Name	
Street Address 746 FOSTER-TOWN RD		Street Address	
City WALKILL	State NY	City	State
Zip		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

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

FILED *m*

AUG 27 2012
 CL 177620

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.

X Michelle Mason 8-21-12
 Signature of Officer Date
 X MICHELLE MASON
 Print or Type Name of Officer
 X President
 Title of Officer