RI SOS Filing Number: 201202405550 Date: 11/01/2012 4:00 PM

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 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. 47076	2. Exact name of the Corporation: Bethel's Prayer Ladder Ministries				
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To Dissemnate writen materials for Training in the effort of spreading the gospel				
5. Principal office address: 214 Grand Ave	City: Pawtucket	State: RI	Zip: 02861		
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name: Patricia francis			Vice-President Name: Patricia francis		
Street Address: 214 Grand Ave			Street Address: 214 Grand Ave		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: Guane Mayo			Treasurer Name: Tami miller		
Street Address: 254 Nixon Ave			Street Address: 20 St James St		
City: Rocky Point	State: NC	Zip: 28457	City: Providence	State: RI	Zip: 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name: Ronica Mayo			Director Name: Dr Gary Pridgen		
Street Address: 254 Nixon Ave			Street Address: 626 More Swamp RD		
City: Rocky Point	State: NC	Zip: 28457	City: Ivanhoe	State: NC	Zip: 28447
Director Name: Tara Williams			Director Name: Tami miller		
Street Address: 47 Brattle St			Street Address: 20 St James St		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02908
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
NOV 01 2012
BY

File Date
Check No 182358
By:
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.

Signature of Officer: [signature] — Date

Print or Type Name of Officer: Patricia Francis

Title of Officer: President

2012 NOV -1 PM 12:29

Form No. 631
Revised 05/2012