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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.	2. Exact name of the Corporation
147076	Bethel's Prayer Ladder ministries
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To Dissemnate written materials for training in effor of spreading the gospel

5. Principal office address	City	State	Zip
21H Grand Ave	Pawlucket	RI	02861

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Patricia francis			Vice-President Name: Patricia francis		
Street Address: 21H Grand Ave			Street Address: 21H Grand Ave		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: Debra Graham Harris			Treasurer Name: Debra Graham Harris		
Street Address: 28 Newark St			Street Address: 28 Newark St		
City: Providence	State: RI	Zip: 02908	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: Tami miller			Director Name: Beth Black		
Street Address: 20 St James St			Street Address: 213 Henderson RD		
City: Providence	State: RI	Zip: 02908	City: Wallace	State: NC	Zip: 28466
Director Name: Tara Williams			Director Name: Ronica Mayo		
Street Address: 47 Bradle St			Street Address: 25H Nixon Ave		
City: Providence	State: RI	Zip: 02907	City: Rocky Point	State: NC	Zip: 28457

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

File Date NOV 01 2012
Check No 182358
By: 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 — Date

Patricia francis
Print or Type Name of Officer

President
Title of Officer

NOV 2012 AM 12:29

Form No. 631
Revised 05/2012
[illegible]