



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 147408		2. Exact name of the Corporation Ministerial Land Company			
3. Principal office address 1 Prospect Street			City Providence	State Rhode Island	Zip 02912-1940
4. Business Phone No. 401-863-9400			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Own and manage real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elizabeth C. Huidekoper			Vice-President Name		
Street Address 1 Prospect Street			Street Address		
City Providence,	State RI	Zip 02912-1940	City	State	Zip
Secretary Name David Coon			Treasurer Name Elizabeth Huidekoper		
Street Address 110 Elme Street			Street Address 1 Prospect Street		
City Providence	State RI	Zip 02912-1893	City Providence	State RI	Zip 02912-1940
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Elizabeth Huidekoper			Director Name Yolanda M. Lamboy		
Street Address 1 Prospect Street			Street Address 110 South Main Street		
City Providence	State RI	Zip 02912-1940	City Providence	State RI	Zip 02912-1913
Director Name David Coon			Director Name		
Street Address 110 Elm Street			Street Address		
City Providence	State RI	Zip 02912-1893	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 11 2013

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.

Elizabeth C. Huidekoper 3/4/13
 Signature of Authorized Representative Date

Elizabeth C. Huidekoper, President & Treasurer

Print or Type Name of Authorized Representative

By *AME*
 CR # 384230