

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 $\underline{\ddot{\ll}}$

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 hame of the Corporation	^
102143	THE APOSTOLIC	CHURCH PROVIDENCE ASSEMBLY
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island
RI	Eturut, PRA	YER, COUNSELLING
	cton St	City PAWINCIAET State R1 Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)		
President Name	ACHAMFEUNL	Vice-President Name WWANE DARKO
Street Address So WAS HWG		Street Address 58 WASHIN GTON 57
City WAWTUCKET	State 2 Zip 02860	City State Zip OLSO
Secretary Name HALTO ANA	Action Fork	Treasurer Name PICHASIS ACYON CABBURA
Street Address	\$7	Street Address WASHWGTON 55
City ANTUCKET	State \mathcal{Q} $Zip \mathcal{O} > 864$	City PAWTY CICT State Li Zip 02860
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT).		
Director Name WAS WAS	1 Dichert	Director Name LWAME AME
Street Address		Street Address
421 Tollat	M ST # 305	17 STENIE ST
City HANTERS	State Zip U69 05	City Dawn Cicen States (Zip 0286/
Diractor Name	How Foul	Director Name RICHARA AGYEN.
Street Address WAJH		Street Address 58 WAINN GTON GT
ANTICKETI	State (Zip 02860	City AWTY CHETT State Zip OLS&
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	13 - 0.000 - 0.0000 - 0.00000 - 0.0000000000
File Date	APR 0 2 2013	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No.	By Cn 194329	and that all statements contained herein are true and correct.
By:	4:09	Signature of Officer Shaft Anti- Colonia Date Colonia
FOR SECRETARY OF STATE U	SE ONLY	Print or Type Name of Officer
		PREELINATI
Form No. 631 Revised: 05/2012		Title of Officer