



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.

RECEIVED STATE
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUN 7 1 PM 12:08

1. Entity ID No. 125993		2. Exact name of the Corporation HIS HEART MINISTRIES INTERNATIONAL	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PREACHING THE GOSPEL OF JESUS CHRIST AND HELPING THOSE IN NEED	
5. Principal office address 18 FALLEN OAK LANE		City PALM COAST	State FL
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DONNA RIGNEY		Vice-President Name ALBERT HURST	
Street Address 18 FALLEN OAK LANE		Street Address 25250 HIGHWAY 316 LOT 451	
City PALM COAST	State FL	Zip 32137	City SALT SPRINGS
Secretary Name JACQUELINE BOWEN		Treasurer Name JOHN RIGNEY JR	
Street Address 49 MILL ROAD		Street Address 18 FALLEN OAK LANE	
City FOSTER	State RI	Zip 02825	City PALM COAST
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DONNA RIGNEY		Director Name ALBERT HURST	
Street Address 18 FALLEN OAK LANE		Street Address 25250 HIGHWAY 316 LOT 451	
City PALM COAST	State FL	Zip 32137	City SALT SPRINGS
Director Name JACQUELINE BOWEN		Director Name JOHN RIGNEY JR	
Street Address 49 MILL ROAD		Street Address 18 FALLEN OAK LANE	
City FOSTER	State RI	Zip 02825	City PALM COAST
8. REGISTERED AGENT IN RHODE ISLAND JACQUELINE BOWEN			

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

File Date _____

Check No JUN - 7 2013

By: CR 198804 12'05

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.

John Rigney Jr 5/18/2013
 Signature of Officer Date

JOHN RIGNEY JR
 Print or Type Name of Officer

TREASURER
 Title of Officer