



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 2013

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 487265		2. Exact name of the Corporation Christ Healing Ministries	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Revival Services at Christian Church	
5. Principal office address 93 Prudence Ave		City Providence	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Claudius Cooper		Vice-President Name Salome Cooper	
Street Address 161 Stanwood str		Street Address 161 Stanwood str	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Bob Teah		Treasurer Name Wynetta Zeon	
Street Address 66 Laura street		Street Address 98 Carr street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02905	
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 Claudius Cooper		Director Name Salome Cooper	
Street Address 161 Stanwood str		Street Address 161 Stanwood str	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Wynetta Zeon		Director Name Bob Teah	
Street Address 98 Carr street		Street Address 66 Laura str	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02907	
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

File Date

JUL 29 2013

Check No

By:

By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Ch # 2180

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

Claudius Cooper

Print or Type Name of Officer

Title of Officer

President/Director

Date

7/25/2013