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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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
559158	PRAYER NEW ENGLAND MINISTRIES, INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	TO COORDINATE AND NETWORK MINISTRIES, UNITING AND BUILDING THE CHRISTIAN COMMUNITY THROUGH PRAYER

5. Principal office address	City	State	Zip
136 GARDEN CITY DRIVE	CRANSTON	R.I.	02920

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

President Name	Street Address	City	State	Zip
CATHERINE GIANNATTASIO	136 GARDEN CITY DRIVE	CRANSTON	R.I.	02920

Vice-President Name	Street Address	City	State	Zip
Cheri Galbraith	176 Mitchell RD	OXFORD	NJ	07863

Secretary Name	Street Address	City	State	Zip
DARLENE MOORE	190 Mitchell ROAD	OXFORD	NJ.	07863

Treasurer Name	Street Address	City	State	Zip
MARK Galbraith	176 Mitchell RD	OXFORD	NJ	07863

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Nathaniel Saginaro	8240 Tewksbury Lane	CONCORD	OH	44077

Director Name	Street Address	City	State	Zip
TAMMY SHANNON	333 west 57th Street, Suite 810	New York	NY	10019

Director Name	Street Address	City	State	Zip
Toni Puckett	38305 Highpointe Lane	Murrieta	CA	92563

Director Name	Street Address	City	State	Zip

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, duly Authorized Representative, Receiver or Trustee

FILED
MAY 28 2014
BY 1167

File Date _____
Check No _____
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.

Catherine Giannattasio 5/27/14
Signature of Officer or Authorized Representative — Date

Catherine Giannattasio
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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