



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. 000138828		2. Exact name of the Corporation Sozo Missions			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church related community outreach			
5. Principal office address 309 Aqueduct Road			City Cranston	State RI	Zip 02910
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank E Joyal			Vice-President Name		
Street Address 309 Aqueduct Rd			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Tiffany Talbert			Director Name Phil Pennine		
Street Address 416B High St			Street Address 33 Caron Way		
City Cumberland	State RI	Zip 02864	City North Scituate	State RI	Zip 02857
Director Name Kimberly Pennine			Director Name		
Street Address 33 Caron Way			Street Address		
City North Scituate	State RI	Zip 02857	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

BY 001014

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 or Authorized Representative

Date

Frank E Joyal 5/29/14

Print or Type Name of Officer or Authorized Representative
Frank E Joyal