RI SOS Filing Number: 201440333860 Date: 06/03/2014 4:00 PM

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
93977	**ROCK MINISTRIES**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**TO PROMOTE THE WORD OF JESUS CHRIST OUR LORD THROUGH EVANGELIZATION**

5. Principal office address	City	State	Zip
336 MAIN STREET	**WAKEFIELD**	**RI**	**02879**

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

President Name			Vice-President Name		
SUSAN BRADBURY			**NONE**		
Street Address			Street Address		
P.O. BOX 228					
City	State	Zip	City	State	Zip
JOHNSON CITY	**TN**	**37605-0228**			
Secretary Name			Treasurer Name		
SHARON MURRAY			**SUSAN BRADBURY**		
Street Address			Street Address		
20 OSPREY ROAD			**P.O. BOX 228**		
City	State	Zip	City	State	Zip
WAKEFIELD	**RI**	**02879**	**JOHNSON CITY**	**TN**	**37605-0228**

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

Director Name			Director Name		
SUSAN BRADBURY			**SHARON MURRAY**		
Street Address			Street Address		
P.O. BOX 228			**20 OSPREY ROAD**		
City	State	Zip	City	State	Zip
JOHNSON CITY	**TN**	**37605-0228**	**WAKEFIELD**	**RI**	**02879**
Director Name			Director Name		
WILLIAM MURRAY			**NONE**		
Street Address			Street Address		
20 OSPREY ROAD					
City	State	Zip	City	State	Zip
WAKEFIELD	**RI**	**02879**			

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 1098

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.

/ Susan Bradbury / 5-30-2014
Signature of Officer or Authorized Representative — Date

SUSAN BRADBURY
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

107175-5-962001