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
000870020	POWER LIFE CHARISMATIC MINISTRIES INTERNATIONAL
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: TO PROCLAIM JESUS AND HIS LIFECHANGING POWER IN OUR COMMUNITIES. AND THAT GOD LOVE SOULS AND WE WANT EVERYBODY TO KNOW.

5. Principal office address	City	State	Zip
250 WADSWORTH STREET, ~~PROVIDENCE RI 02919~~	PROVIDENCE	RI	02919

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

President Name	Street Address	City	State	Zip
DANIEL D. DODD	25 ALBERMARLE AVENUE	JOHNSTON	RI	02919

Vice-President Name	Street Address	City	State	Zip
BERTHA DODD	25 ALBERMARLE AVENUE	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
BERTHA DODD	25 ALBERMARLE AVENUE	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
GRETA SAINT-LEGER	31 COVELL STREET	PROVIDENCE	RI	02909

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
DANIEL D. DODD	25 ALBERMARLE AVENUE	JOHNSTON	RI	02919

Director Name	Street Address	City	State	Zip
DANIEL OTORI	315 EAST AVE APT 7	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip
BISHOP JOSEPH QUAINOO	442 SYLVAN COURT	SAUNDERSTOWN	RI	02874

Director Name	Street Address	City	State	Zip
FRANKIE ANKOMA	315 EAST AVE APT 7	PAWTUCKET	RI	02860

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 _____ 12:45 pm **FILED**

Check No _____ JUN 10 2014

By: _____

FOR SECRETARY OF STATE USE ONLY By 226027 KM

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 6/1/14

DANIEL DODD
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014