

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 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 J	IULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.	
Entity ID No. Z. Exact name of the Corporation		
41015 THE MINNERSAL	Cas Ctuo RCH WOV7: OF	
State of Incorporation 4. Brief description of the character of t	ousiness conducted in knode island	
RhODE SLAND 2097 PLAIN	FIELD PIKE Rhode Slound	
	5.79r4	
JOHN SOM	TTA OLINEATO I	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A	Vice-President Name	
PASTOR ABRAHAM - A+ FAShakin	FLORENCE E-FASGAKIN 3F	
Street Address	Street Address	
1015 Gerard ONE APT. 3F	City State Zip	
City State Zip State Zip NDY (0452	1015 GERARD QUENT (0452	
Secretary Name	Treasurer Name	
DERORAH BUKIEN OLAYEWIL	SAAC TANRYO TAShakin	
Street Address	75-	
LOYT PLAINTIELD PURE BY	City State Zip	
City State Zip		
	BROHX NO SECTION THE CONTROL OF THE PROPERTY O	
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	
TAMES OLUSEGUN US ho	Street Address	
Street Address	134/5 WERGANZER LANG	
City State Zip	City State Zip	
JOHNSON 18-1" 102919	Director Name	
Director Name	but the CI ADIMALO DE FOCK AND	
REBECCA-O O(600 TUN	Street Address	
Street Address		
2097 That HILL IN	City State Zip	
City State Zip	BRON+ NY 10452	
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		
this report must be signed by either the Fresident, viber rosi		

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No By:	JUN 2 3 2014 4065	Signature of Original Arc A ho FASA 1417
FOR SECRETARY OF STATE USE ONLY! Form No. 631 Revised: 05/2012		Print or Type Name of Officer Title of Officer
		Jane 20/2014