



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. 46923		2. Exact name of the Corporation PAUL LAWRENCE MINISTRIES			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal office address 178 GRAY ST		City PROVIDENCE	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name REV.DR. DANAPPAUL LAWRENCE			Vice-President Name MR. STEVEN MARTINS		
Street Address 178 GRAY ST			Street Address 10 SUMMER DR.		
City PROVIDENCE	State RI	Zip 02909	City SEEKONK	State MA	Zip 02771
Secretary Name JANET LAWRENCE			Treasurer Name REV. DR. DANAPPAUL LAWRENCE		
Street Address 178 GRAY ST			Street Address 178 GRAY ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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 MR. STEVEN MARTINS			Director Name REV. DR. DANAPPAUL LAWRENCE		
Street Address 10 SUMMER DR			Street Address 178 GRAY ST		
City SEEKONK	State MA	Zip 02771	City PROVIDENCE	State RI	Zip 02909
Director Name JANET LAWRENCE			Director Name		
Street Address 178 GRAY ST			Street Address		
City PROVIDENCE	State RI	Zip 02909	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: _____

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FILED

JUN 30 2014

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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.

Rev. Dr. Danapaul Lawrence 6-27-14
 Signature of Officer or Authorized Representative Date

REV. DR. DANAPPAUL LAWRENCE
 Print or Type Name of Officer or Authorized Representative