



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000072513

2. Name of Corporation Praising & Salvation Ministry

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 90 HOMER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PREACH THE HOLY WORD OF GOD AND ORGANIZE AND CELEBRATE MUSICAL CONCERTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOCELYN ORELLANA	90 HOMER STREET PROVIDENCE, RI 02908 USA
VICE PRESIDENT	CELISE L CRAIG	10 WILLIAM ELLERY PLACE PROVIDENCE, RI 02904 USA

DIRECTOR	SAMUEL ORELLANA	90 HOMER STREET PROVIDENCE, RI 02905
DIRECTOR	ABRAHAM ORELLANA	90 HOMER STREET PROVIDENCE, RI 02905 USA
DIRECTOR	MARCOS NUNEZ	710 LONSDALE AVENUE CENTRAL FALLS, RI 02863 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOCELYN ORELLANA 90 HOMER STREET PROVIDENCE , RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of July, 2014 at 7:47:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOCELYN ORELLANA
Signature of Authorized Person

Form No. 631
Revised 09/07

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