

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 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAIL	URE TO FILE T	HIS REPORT BY JU	JLY 30 WILL RESULT IN A \$2	25.00 PENALTY FEE	<u>.</u>		
1. Entity ID No.	2. Exact name of	the Corporation			-20 15	O _W	
Maa	,	/ ·	1/			유유	
12960	CIRA1	in Coast	MINIGTETES.	, INC.	APR		
3. State of Incorporation	 Brief descriptio 	n of the character of bu	isiness conducted in Rhode Island	i		공품이	
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K-L	LH.	urch/RE	Licalous		3	문 무	
5. Principal office address			City	State	ip 💳 🧳	S	
711 PARK AVENU			CRANSTON	LI	<i>G</i> F	TE	
6. LIST ALL OFFICERS (NAMES	AND ADDRESSI	ES) ("X" BOX FOR AT			(3)	mi	
President Name	· Ni.	-777	Vice-President Name	11 TH			
DISHOP PHILIP I	J. NEIS	∞ , μ	EVANGELIST IE	11175 /1 /10W	HKD	بنكلان	
Street Address 55 NAK V7 Euro LANE			Street Address				
	Ave State	7:-		VENUE-			
DAKHAM	MA	DID68	PAW TUCKET	State	ip D.J.	860	
Secretary Name	,		Treasurer Name		<u> </u>		
	77-NELL	DN	SIS REGINA SOCREE-STRLEAF				
Street Address 49 WINCHESTER STREET			Street Address 470 UNION AVENUE				
FROY IDENCE	State $\mathcal{L}\mathcal{I}$	Zip 02904	PROVIDENCE	State Z	p DJ	909	
7 LIST ALL DIRECTORS (NAME	S AND ADDRESS	SES). RHODE ISLAND	CORPORATIONS MUST LIST	NO LESS THAN THRE	EE (3) DII	RECTORS	
("X" BOX FOR ATTACHMENT)			et i grandent kirjanstonat att dissertie				
Director Name	11	<i>,</i>	Director Name	i			
BRD. JOHN-BOSE	(D) H1 J0	HUSON JR.		MUEL NEL	<u>sorv</u>		
Street Address	6	,	Street Address				
	STREET		55 DAKVIEW	LANE			
EAST DRAWGE	State N T	E71.18	DAKHAM	State A Z	DIL	568	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	-			
BED. WATER D	LODODI	NG, IT	BRD, CALVIN +	. West		ĺ	
Street Address		,	Street Address				
31 CHESTER A	YENUË.		11 DEENE STRE	367			
IVINI TO	State	Zip クタル	BLETALFIELD	State Zi	070	27.5	
8, REGISTERED AGENT IN RHOI	DEISLAND			1/40	<i></i>		
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							
		_					
		FII FD	Under penalty of perjury, I de	eclare and affirm that	I have e	xamined	

File Date	FILED	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.		
By: FOR SECRETARY OF STATE USE	APR 0 6 2015 206290	Signature of Officer or Authorized Representative	4/6/2015 Date	
Form No. 631 Revised: 04/2014	12:02	BISHOP PHILIP E. NELSON, Print or Type Name of Officer or Authorized Represent	ative	