



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: 2015

1. Corporate ID No. 000842457

2. Name of Corporation Greater Love Ministries

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 94 DOYLE AVE

City or Town: PROVIDENCE

State: RI

Zip: 02907

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

FEED THE HUNGRY CLOTHE THE NAKED VISIT THE SICK TEACH THE GOSPEL OF JESUS CHRIST TO THE NON BELIEVER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK A. JONES	94 DOYLE AVE. PROVIDENCE, RI 02906 USA
TREASURER	IMARY L ALICEA	50 MAPLEWOOD AVENUE CRANSTON, RI 02920 USA

SECRETARY	CINDY MOLINA	25 CAROL COURT PROVIDENCE, RI 02909 USA
VICE PRESIDENT	ANA T. ALICEA	94 DOYLE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	HOWARD JONES	92 BROWN STREET PAWTUCKET, RI 02860 USA
DIRECTOR	OLGA I DIAZ	40 LEANDER PROVIDENCE, RI 02909 USA
DIRECTOR	DESTINY M. MORALES	6 CARVER COURT PROVIDENCE, RI 02906 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

MARK JONES 94 DOYLE AVENUE PROVIDENCE , RI 02906

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

Signed this 1 Day of May, 2015 at 4:20:02 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 MARK JONES
Signature of Authorized Person

Form No. 631
Revised 09/07

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