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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 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
335864	**LIBERIAN MINISTERIAL FELLOWSHIP OF RHODE ISLAND**
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: **WE DO NON-PROFIT SERVICES/ ASSISTANCE TO LIBERIANS AND MINORITIES IN THE PROVIDENCE AREA, IT'S SURROUNDING AND LIBERIA.**

5. Principal office address	City	State	Zip
134 BRIDGHAM STREET	PROVIDENCE	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MORRIS S. BRYANT	84 A HILARITY STREET	PROVIDENCE	RI	02909

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
LESTER K. MANLEY	37 DONELSON STREET	PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
EZEKEIL SOLEE	209 EAST STREET, APT. # 2	PAWTUCKET	RI	02860

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MATTHEW N. KAI	131 CLAY STREET	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip
ROOSERVELT SMITH	19 HARRISON STREET, APT. # 2	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	Zip
ALEXANDER KOLLIE	20 FREDRICK STREET	RUMFORD	RI	02916

Director Name	Street Address	City	State	Zip
NEOMI T. SMITH	44 GODDARD STREET	PROVIDENCE	RI	02908

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2015
BY _____

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.

05/13/2015
Signature of Officer or Authorized Representative — Date

BISHOP MORRIS S. BRYANT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120971-25-1034225