

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 THIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.00	PENALTY F	EE.				
1. Entity ID No.	2. Exact name of the Corporation	· · · · · · · · · · · · · · · · · · ·		· · · · · ·				
122724	THE ARTIC MISSION, INC.							
State of Incorporation	4. Brief description of the character of bu	usiness conducted in Rhode Island						
147	FAITH BASED 1	SUTREACH MI	J15T/	4				
5. Principal office address 1221 MAIN ST.		City WEST WANDICK	State 72 I	Zip 029	,93			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)								
President Name RICHAND CANNING		Vice-President Name JEAN CANNING						
	NWOODS AUE		NWOE	205	AUE			
CityWANWICK	State PI Zip Oasside	City WANWICK	State	(C)	386			
	UNES	Treasurer Name	CAN	NIA)G-			
	QUIN CT.	Street Address GOLA BY	TONU	000	S AUE			
WEST WANWICK		CityWARWICK	State	<u> </u>	256			
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHOOS LAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)								
Director Name KICHAND CI	ANNOG	 ' ' '	UNES	•				
Street Address BUT7	ONWOODS AUF	Street Address 36 JOF	HQUIN) (全)				
WANWICK	State LI Zip 2886	W. WANWICK	State	Zip O	873			
	NNING	Director Name	····	27	<u> </u>			
Street Address 6017 BUTTO	ON WOODS AUE.	Street Address		7				
CityWANWICK	12 T 02886	Ci+	State	Zip ?	VIAI			
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								
This report must be signed by eithe or Trustee	er the President, Vice-President, Secretar	ry, Assistant Secretary, Treasurer, duly i	Authorized Rep	resentative,	Receiver			

		Under penalty of pariury	, I declare and affirm that !	have examined	
File Date		this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Check No	FILED	and that ay statements (Contained the entrare true a	na correct.	
Bv:	UNY 27 2015	No /	9//	5-27-15	
FOR SECRET ARY OF STATE U	5 0 1 A 1093	Signature of Officer or Aut	thorized Repre entative	Date	
FOR SECRET INTO STATE OF	WOY TO	BULLYAND	CANNING		
Form No. 631	1) H. 12:300 in	Print or Type Name of Off	icer or Authorized Represen	tative	
Revised: 04/2014	14 11 10 00 11	΄ι.			