



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. 122724		2. Exact name of the Corporation THE ARTIC MISSION, INC.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FAITH BASED OUTREACH MINISTRY	
5. Principal office address 1221 MAIN ST.		City WEST WARWICK	State RI
		Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name RICHARD CANNING		Vice-President Name JEAN CANNING	
Street Address 601A BUTTOWOODS AVE		Street Address 601A BUTTOWOODS AVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02886	
Secretary Name JILL ANTUNES		Treasurer Name RICHARD CANNING	
Street Address 36 JOAQUIN CT.		Street Address 601A BUTTOWOODS AVE.	
City WEST WARWICK	State RI	City WARWICK	State RI
Zip 02893		Zip 02886	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name RICHARD CANNING		Director Name JILL ANTUNES	
Street Address 601A BUTTOWOODS AVE		Street Address 36 JOAQUIN CT.	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02893	
Director Name JEAN CANNING		Director Name	
Street Address 601A BUTTOWOODS AVE		Street Address	
City WARWICK	State RI	City	State
Zip 02886		Zip	
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 27 2015

249693
A.H. 12:30p.m.

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.

Signature of Officer or Authorized Representative

Date

5-27-15

RICHARD CANNING
Print or Type Name of Officer or Authorized Representative