

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 20

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

Filing Fee: \$20.00 • FAIL	URE 10 FILE 11	HIS REPORT BY JU	LY 30 WILL RESUI	LT IN A \$25.00	PENALTY F	EE,			
1. Entity ID No.	2. Exact name of the Corporation								
122724	THE ARTIC MISSION, INC.								
3. State of Incorporation	4. Brief description	of the character of bu	siness conducted in R	hode Island					
NI	FAITH BASED OUTREACH MINISTRY								
5. Principal office address 1221 MAIN ST.			WEST WA	noucl	State 2	Zip O2 S	393		
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)									
President Name RICHARD CANNING			Vice-President Name JEAN CANNING						
Street Address 601 A BUTTO	NWOODS		Street Address	UTTO	NWOE		AUE		
	State PI	Zip 02856	City WANU	vick	State	Zip CO	356		
Secretary Name JILL ANTUNES			Treasurer Name	AND	CAN	NIA			
	QUIN	CT.	Street Address	A BOT	TONW				
WEST WANWICK	State PI	02393	WARWI	CK	State	Zip O2	236		
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)		ES). RHOPF 'LAND	CORPORATIONS MI	<u>VST</u> LIST NO L	ESS THAN TH	REE (3) DIR	ECTORS		
Director Name KICHAND CY	AN NIN	6	Director Name	ANT	UNE	7015	- CCC		
Street Address 601 A BUTTO	NWOOD	AUE-	Street Address	JOAA	UIN	に対	9:4:		
WANWICK	State	0288G		WICK	State	Zip O	373		
	NING		Director Name			2.5	SH		
Street Address 601 A BUTT	ONWOO	DS AUE	Street Address			22	3 27		
CITYWANWICK	State	0282G	City		State	Zip			
s. REGISTERED AGENT IN RHOL		a statistical states of	的 在 1		的情况不完计	建设设施	经经验实现		
This information is currently of r	ecord in the Offic	e of the Secretary of	State. Changes requi	re filing Form 6	41.				
This report must be signed by eithe or Trustee	r the President, Vic	e-President, Secretary	Assistant Secretary,	Treasurer, duly A	luthorized Rep	resentative, i	Receiver		

File Date		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.				
Check No By:	FILED	Signature of Officer or Au	G/	5-27-15 Date		
FOR SECRET RY OF STATE USE ONLY	MAY 27 2015 By 349 693	RICHARD	CANNING ficer or Authorized Represent	 -		
Revised: 04/2014	HA-12:20	apm,	ncer of Authorized Represent	ative		