



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 2014

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. <u>000795540</u>		2. Exact name of the Corporation <u>PSL Smith Ministries Int'l</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Concerts, Services, Workshops, Plays, Ministries</u>	
5. Principal office address <u>66 Kendall St.</u>		City <u>Central Falls</u>	State <u>RI</u>
		Zip <u>02863</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Sean L. Smith</u>		Vice-President Name	
Street Address <u>66 Kendall St.</u>		Street Address	
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Audrey B. Bright</u>		Director Name <u>Tair-honda Seay</u>	
Street Address <u>23 Douglas Dr.</u>		Street Address <u>28 Mabel St.</u>	
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
Director Name <u>Cedric Bristel</u>		Director Name	
Street Address <u>28 Mabel St</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
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

FILED

JUN 30 2015

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.

Sean L. Smith
Signature of Officer or Authorized Representative

6-30-2015
Date

Sean L. Smith
Print or Type Name of Officer or Authorized Representative

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY