



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 2011

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. 505254		2. Exact name of the Corporation Ghanaian Ministers Council of RI & Vicinity		
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fellowship (Non-profit)		
5. Principal office address		City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Dr. Joseph Quainoo		Vice-President Name		
Street Address 442 Sylvan Ct		Street Address		
City Saunderstown	State RI	Zip 02874	City	State
Secretary Name Rev. Nana DANQUAH		Treasurer Name		
Street Address 1290 Westminster St		Street Address		
City Providence	State RI	Zip 02909	City	State
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)				
Director Name Dr. JOSEPH QUAINOO		Director Name Elder Sam Pinkrah		
Street Address (Same as above)		Street Address 1290 Westminster St		
City	State	Zip	City Providence	State RI
Director Name Rev. Nana Danquah		Director Name		
Street Address (Same as above)		Street Address		
City	State	Zip	City	State
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

JUL 17 2015

HL 253030

3.27

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.

Dr. Joseph Quainoo 7/17/15
Signature of Officer or Authorized Representative Date
Dr. JOSEPH QUAINOO (BISHOP)
Print or Type Name of Officer or Authorized Representative