State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000083435

2. Name of Corporation Faith Foundation Fellowship

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1604 BROAD STREET
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3332 KILLIAN AVENUIE

City or Town: PORTSMOUTH State: VA Zip: 23704 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

AN EMERGENCY FOOD PANTRY, TRANSITIONAL HOUSE FOR FAMILIES AND MISSION CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SETH DAVID LEE	539 KENYON AVE., APT 2 PAWTUCKET, RI 02861 USA
PRESIDENT	LINDA L HUDSON	3332 KILLIAN AVE PORTSMOUTH, VA 23704 USA

DIRECTOR	SHARALYN MAE FRANCIA	3332 KILLIAN AVE PORTSMOUTH, VA 23704 USA
DIRECTOR	MICHAEL RODGERS	306 LINDEN AVENUE SUFFOLK, VA 23434 USA
DIRECTOR	SHYRL FLEMING	920 KENTON AVENUE NORFOLK, VA 23405 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARY-JOE YOUNGER 1604 BROAD STREET CRANSTON , RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of July, 2015 at 12:32:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LINDA LEE HUDSON
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved