

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

Division Of Business Services

Fee: \$50.00

Providence RI 02904-2615 (401) 222-3040

148 W. River Street

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. **ID No.** <u>000796757</u>

- 2. Exact Name of the Limited Liability Company Ministry Works, LLC
- 3. State of Formation

State: IN

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Payroll service bureau

5. Principal Office Address

No. and Street: 6400 BROTHERHOOD WAY

City or Town: FORT WAYNE State: IN Zip: 46825 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SABRA L. ROWLEY Contact Title: TREASURER

No. and Street: 6400 BROTHERHOOD WAY

City or Town: FORT WAYNE State: IN Zip: 46825 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of August, 2015 at 2:22:21 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 § 7-16.

By NANCY S. HOLLAND Signature of Authorized Person

Form No. 632 Revised 09/07

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