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: 2016

1. Corporate ID No. 000028708

2. Name of Corporation HOUSE OF MANNA MINISTRIES

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 27 BERKLEY STREET
City or Town: CRANSTON State: RI Zip: 02910 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	ROBERT ROBINSON	425 MESHANTICUT VALLEY PKWY APT 312 CRANSTON, RI 02920 USA
SECRETARY	PHYLLIS HARRIS	CAMP ST. PROVIDENCE, RI 02904 US
VICE PRESIDENT	GLENDA ROBINSON	425 MESHANTICUT VALLEY PKWY APT 312

		CRANSTON, RI 02920 USA
OTHER OFFICER	ROBERT ROBINSON	425 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920
DIRECTOR	PHYLIS HARRIS	311 CAMP ST. PROVIDENCE, RI 02904 USA
DIRECTOR	JEANETTE PARIS	118 POND ST. REHOBETH, MA 02769 USA
DIRECTOR	JOYCE REGINA BLACK	263 SWAN ST. PROVIDENCE, RI 02905 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

REV. ROBERT L. ROBINSON 425 MESHANTICUT VALLEY PARKWAY, APT 312 CRANSTON , RI 02920

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

Signed this 13 Day of May, 2016 at 4:37:22 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 ROBERT ROBINSON
Signature of Authorized Person

Form No. 631
Revised 09/07