State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation		
11000 48	Compassion Fund International inc.		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	Provide Food, Medical service, Education and Agriculture Service in africA		
5. Principal Office Address	City	State	Zip
1555 Chalkstone ave	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Patrick Marsh	Vice-President Name	Kalbeh Benson
Street Address	1555 Chalkstone ave	Street Address	1555 Chalkstone ave
City / State / Zip	Providence / RI / 02909	City / State / Zip	Providence / RI / 02909
Secretary Name	PATRICK Worzte	Treasurer Name	
Street Address	1555 chalkstone ave	Street Address	
City / State / Zip	Providence / RI / 02909	City / State / Zip	

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Patrick March	Director Name	Kalbeh Benson
Street Address	1555 chalkstone ave	Street Address	9884 ILAX St. NW
City / State / Zip	Providence / RI / 02909	City / State / Zip	Coon Rapids / MN / 55433
Director Name	Patrick Worzte	Director Name	
Street Address	1555 chalkstone ave	Street Address	
City / State / Zip	Providence / RI / 02909	City / State / Zip	

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Patrick Marsh / PATRICK MARSH	5/18/16
Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE	

we are now a 501(c)3.

FILED
MAY 18 2016
By 274590

Form No. 631
Revised: 2016