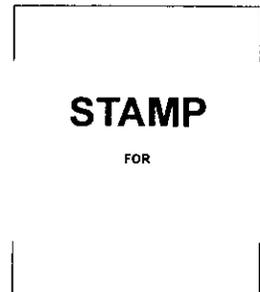




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



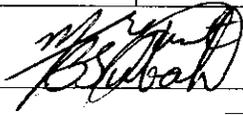
STAMP

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Non-Profit Corporation Annual Report for the year: 2016

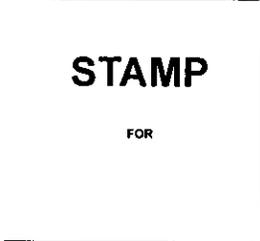
Filing period: June 1 - June 30

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	
335864		LIBERIAN MINISTERIAL FELLOWSHIP OF RHODE ISLAND	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		WE DO NON-PROFIT SERVICES/ ASSISTANCE TO LIBERIANS AND MINORITIES IN	
5. Principal Office Address		City	State
134 BRIDGHAM STREET		PROVIDENCE	RI
		Zip	02909
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MORRIS S. BRYANT		Vice-President Name NONE	
Street Address 84 A HILARITY STREET		Street Address	
City PROVIDENCE	State RI	Zip 02909	
Secretary Name LESTER K. MANLY		Treasurer Name EZEKEIL SOLEE	
Street Address 37 DONELSON STREET		Street Address 209 EAST STREET, APT. # 2	
City PROVIDENCE	State RI	Zip 02908	City PAWTUCKET
			State RI
			Zip 02860
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MATTHEW N. KAI		Director Name ROOSERVELT SMITH	
Street Address 131 CLAY STREET		Street Address 19 HARRISON STREET, APT. # 2	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
Director Name ALEXANDER KOLLIE		Director Name NAOMI SMITH	
Street Address 20 FREDRICK STREET		Street Address 44 GODDARD STREET	
City RUMFORD	State RI	Zip 02916	City PROVIDENCE
			State RI
			Zip 02908
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative		Date	
BISHOP MORRIS S. BRYANT		05/25/2016	
Signature of Officer/Authorized Representative		SIGN DOCUMENT HERE 	

FILED

MAY 31 2016



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BY 1000