



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

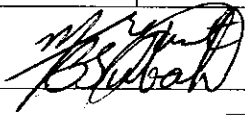
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FOR

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	Zip	
134 BRIDGHAM STREET		PROVIDENCE	RI	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	City	State	Zip
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 BISHOP MORRIS S. BRYANT				Date 05/25/2016	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

MAY 31 2016

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