



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 20 PM 4:12

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			
72513		Praising and Salvation Ministry			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I		To Preach the Holy word of God and celebrate with Musical			
5. Principal Office Address		City	State	Zip	
90 Homer St., Providence		Providence	R.I	02905	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jocelyn Morell		Vice-President Name Calise Craig			
Street Address 90 Homer		Street Address 10 William Place			
City Providence	State R.I	Zip 02905	City Providence	State R.I	Zip 02904
Secretary Name Allie Sebastian		Treasurer Name Ishah Orellana			
Street Address 90 Homer St.		Street Address 90 Homer St.			
City Providence	State R.I	Zip 02905	City Providence	State R.I	Zip 02905
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 Samuel Orellana		Director Name Abraham Orellana			
Street Address 90 Homer St.		Street Address 90 Homer St.			
City Providence	State R.I	Zip 02905	City Providence	State R.I	Zip 02905
Director Name Marcos Nunez		Director Name			
Street Address 710 Lonsdale Av.		Street Address			
City Central Falls	State R.I	Zip 02863	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 Jocelyn Morell				Date 6/20/16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED C

JUN 20 2016

BY MD277146